VS A15 (4)

15M 10/57

ATTENDING PHYSICIAN: The faw requires that the dooth certificate be executed within 24 haurs ofter death. Page 4

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UNERAL DIR. DR: After this certificate has been signed by the ottending physician and campletely filled in by the peral director	ge 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed wit	reaistrar prior ta buriol, cremotion, or remavol, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10856 **CERTIFICATE OF DEATH**

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore City MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore lv 6m 1ld Crownsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OrawwwY11e State Hospital ON A FARM? 409 N. Wolfe Street YES NO A 3. NAME OF DECEASED 4. DATE First Middle Month Year Day OF 1958 10 Willie Barrett (Type or print) 6. COLOR OR RACE 7. MARRIED TREVER MARRIED TE B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX Months Days 1890? WIDOWED [7] DIVORCED TTP 687 yrs Male Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Unknown Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Unknown (If yes, give war or dates of service) Hospital Records Unknown 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cerebral Thrombosis **DUE TO** Arteriosclerotic Cardiovascular Disease Conditions, if ony, which (b) gove rise to immediate DUE TO Malnutrition cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUING GIVEN IN PART 1(0) 19. WAS AUTOPSY Dehydration and Inanition - Epilepsy - GrandMal- Decubitus Ulcers PERFORMED? YES NO PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc.) While Not while p. m. 10/29 1958, that I last saw the deceased oftended the deceased fram 4/18 21. I certify that y and that death accurred at 5:15A. M, from the causes and an the date stated above. alive an 10 ADDRESS (Street, city or town, stote) ACTUAL Crownsville State Hospital, Md. Crownsville State Hospital, Md. Lione. PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR arthur & Traces

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READ TO STADEBY ADDRESS OF DEATH restrictions with all to be the more of the Market of the Mexicon (Net tell day ... Now Williams)

10857 CERTIFICATE OF DEATH

Reg. Dist. No.

) [1. PLACE OF DEATH a. COUNTY A DUE - PUUDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If a. STATE HARYLAND b. COUNTY A DUE - PUUDEL MARYLAND	f institution: Residence before edmission)
0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits write RURAL and give nearest town) A TERM OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION C. CITY OR TOWN (If outside carporate limits write RURAL AND RESS) (d. STREET ADDRESS)	e. 15 RESIDENCE ON A FARM? YES \cap NO
	3. NAME OF DECEASED (Type or print) EDWARD GEORGE BENDER 4. DATE OF DEATH	Month Day Year
	WIDOWED DIVORCED 2-13-1893 U.	In years IF UNDER 1 YEAR IF UNDER 24 HRS. Wonths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) OR LES MAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY
	FREDERICK BEUDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1791. no. or unknown) (If yes, give wor or doles of service)	Address ## 3
	18. CAUSE OF DEATH [Enter only one cause pen line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoling the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	INTERVAL BETWEEN ONSET AND DEATH 2 Min 1 ION GIVEN IN PART 1(g) 19, WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year Not white at work at work at work at work 19 at work 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	(Caunty) (State)
1	21. I certify that I attended the deceased fram \$=\l-1, 15 &, to \(\begin{aligned} ali	auses and an the date stated above or town, state) DATE SIGNED 10 - 7 - 55
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY FOR LOCATION (City BURIAL Specify) 18-9-58 HILLOREST DUNAS	r, lower, or country) ODA'S MO
1	23 FUNETAL DIRECTOR'S SIGNATURE ADDRESS AND 1240. REC'D BY REGISTRAR 5 124	46. REGISTRAP'S SIGNATURE

neral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR REPORT FOR THE PROPERTY OF THE PR TO HOSPITAL OR VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10050

CEDTICICATE OF DEATH

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	Arundel		MARY	LAND	2. USUAL RESIDENCE (W o. STATE Maryla		b. COUNTY	n: Residence		n)
b. CITY OR TOWN (I RURAL ond give no Severns	lf outside corporate fimit earest town) Park	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		rote limits, write RL	JRAL and give	nearest town)	
d. NAME OF HOSPIT OR INSTITUTION BOX 430 010	d Annapolis	Rd.	Severna F	Pk.	d. STREET ADDRESS		oolis Roa	d	e. IS RESID ON A F	ARM?
NAME OF DECEASED (Type or print)	CAROLE		Middle		Lost BERK	4. DATE OF DEATH	Mont	h	Doy Yes	-
SEX Female	6. COLOR OR RACE				DATE OF BIRTH	379	9. AGE (In years lost birthdoy) 70 yrs.	IF UNDER 1 Y	EAR IF UNDER	
Oo. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work d king life, even if retired)	one 10b. KI		R INDUS	TRY 11. BIRTHPLACE (Slole Maryla	or foreign co			N OF WHAT CO	OUNTR
3. FATHER'S NAME		1 220	Home		14. MOTHER'S MAIDEN			1 0.	D 411.4	
Unknown L	eper				Unkr	i CWI				
. WAS DECEASED EVE	R IN U. S. ARMED FORG		OCIAL SECURITY NO.	. 17. IN	FORMANT	IO WII	Addre	255		
no	in yes, give wor or oures or se	rvicej	none	Wil	lliam E. Berk	2308	Miller .	Avenue	#14	
PART I. DEA 4 20./ Conditions, if o gove rise to in couse (o), stoting lying couse lost.	mmediate (Due TO	Col	ronary t		oosis				INTERVAL BETVONSET AND D	EATH
PART II. OTH					NOT RELATED TO THE TERM			N IN PART 1	19. WAS AU PERFORM YES 1	MED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OF	CCURRED	. (Enter noture of injury in	Port 1 or Part	Il of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yea 19	While of work	Nat while	20e. PLA	CE OF INJURY (Hame, form ory, street, office bldg., etc	n, 20f. (City	or town)	(Cou	nty)	(State)
21. I certify th	at I attended the	deceased	fram		, 19.56, to_C	ctobe	r, 19_58	,that I las	t saw the de	eceas
alive on Au		_, 19_5		death	accurred at : 40_	PM, from		nd an the	date stated	
SIGNATURE	1									
	Francis I	. Cod	ld M.D.		Severns	Park	, Maryl	and		
PHYSICIAN'S NAME (Type)	rancis I		22c. NAME OF CEME			22d. LOCAT	Maryl ION (City, town, or	county)	(Stote)	

240. REC'D BY REGISTRAR

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24b. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

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Reg. Dist. No.

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		PLACE OF DEATH O. COUNTY ALICE COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Many Land. b. COUNTY L. A. Landte
8	1	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	4	MARGINE D.O.A.	umanolis Maryland
9		d. NAME OF HOSPITAY (If not in hospitol, give street oddress) OR INSTITUTION Anne Arundel General Hospital	d. STREET ADDRESS ON A FARM? YES NO NO
5	- 1	NAME OF DECEASED (Type or print) Magaze Biller	4. DATE Month Day Year OF DEATH 10 21 1958
3	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 1 - 4 - 1899 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST duping most of working life, even if retired)	RY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	EMPLOEL BECAUS	14. MOTHER'S MAJDEN NAME
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI. (If yes, give wor or dates of service)	FORMANT. Billing pleasante
		18. CAUSE OF DEATH [Enter only one cause per line far (q), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
7		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mounty- whis
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		Conditions, if ony, which gove rise to immediate (b)	Mul and Carally Melling from
3		couse (a), stating the <u>under.</u> lying couse last.	
	NO	, , ,	NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
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	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Epter nature of injury in Part I of Part II at item 18.)
	MEDICAL		CE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State) pry, street, office bldg., etc.)
Œ		21. I certify that I attended the deceased from 10/7/	., 1958, ta /0/22/, 1958, that I last saw the deceased
ä	-	alive an A 10/21 19 5 %, and that death	occurred at 705P M, from the causes and on the date stated abave.
1		ACTUAL SIGNATURE MOUNTES MICHAEL MICHA	D. 31 Swift GUA W 1945
5		PHYSICIAN'S MAURICE F.KLAW	Smagoh, ma
	İ	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify) 10-25-58 BLEWEL	Hall Ungualishmiland
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	11	MILL CONTRACTOR OF THE PROPERTY OF THE PROPERT	DATE 10/28/38 Eftenus A, Meus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DI CORP. After this certificate has been signed by the attending physician and campletely filled in by page 3 should Le delached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 since page 3 should Le delached far use as the burial-transit permit. the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

funeral director,

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Reg. Dist. No.

	o. COUNTY A.A.CO		MAR	YLAND	2. USUAL RESIDENCE (V			desidence before as	dmission)
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Ľ	DOGNOSD TR	(If not in hospital	I, give street oddr	oss)	d. STREET ADDRESS	2		0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	First 124	Middle	/.	BLEGER	4. DATE OF DEATH	Month 10	Day	Year 19 5 8
5. 3	SEX 6. COLOR OR RAI	WIDOWED	NEVER MARRI	-	DATE OF BIRTH 2 189	9.1	AGE (In years IF UN Month		Min.
L	I. USUAL OCCUPATION (Give kind of wo during most of working life, even if retire		OF BUSINESS OF		KJASAIN.	GYON	DIC. 12.	CITIZEN OF WHA	
	FATHER'S NAME GEORGE	BREW			14. MOTHER'S MAIDEN N	NEF	BELL		
15. (Yes	WAS DECEASED EVER IN U. S. ARMED		CIAL SECURITY NO). 17. IN	FORMANT ED W. BI	EBER	Address HERALD (HARBOR	MD.
	18. CAUSE OF DEATH [Enter only one PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	(0). (4). ond (c).]	to	med &	ed .		INTERVAL BET ONSET AND	TWEEN DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying DUE 1 couse lost.	(b)							
CATION	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONT	RIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN	PART 1(o) 19. WA PER YES	FORMED?
CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HO	OW INJURY OCCU	RRED. (En	ler noture of injury in Port	I or Port II of it	em 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While	Not while of work	20a. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or t	own)	(County)	(Stote)
	21. I certify that I took char death resulted from: Nature	ge of the remail causes ,			e, held an Autops ide , Homicide		ection (X) , Inc	quiry [], and	d find that
	ACTUAL SIGNATURE CENTRE	rult			M.D. CHIEF MEDICAL EX	_		DATI	SIGNED
	EXAMINER'S E. LIN	hARDY			DEPUTY MEDICAL I	EXAMINER 💍		10/21/	18
	BURIAL, CREMATION, 22b. DATE THER REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE	5/5-8 200	ADDRESS	W.	REMATORY 24g. REC'I	22d. LOCATION	(City, town, or coun	on a	ofe)
1	V.W. CHAMBERS	ED. IN	5.517	1/1/	ST SE TOTO	2न्द्र-समृद्ध	Commo S.	Thouse	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be retained by the hospital or attending physicion.

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OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 shifter registror prior to burial, crematian, or remayal, and in any event within 72 hours after death.

may be retained TO FUNERAL DIR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10825

CERTIFICATE OF DEATH

Reg. Dist. No. 10820

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
HAME Arundel MARYLAND	b. COUNTY A. A.
b. CITY OR TOWN (If autside carporate timits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Annapolis Md.	Pines on Severn. Arnol D. Md
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Anne Arundel Gen Hosp.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charles Nelson	Brooks, DATE Month Day Year Brooks, DEATH 10-17, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Nonths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
Decaration working life, of the treed Decarating	Balto Md. 11.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel W. Blooks.	Florence Trady
Not no as unless of a 105	NFORMANTES Mrc Ann Moultesse.
100	Pures ON Severn
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CEYED FAL.	The bow bosis
332 X DUE TO	77700010
(conditions, if any, which) 101 Genevallz	ed Arteriosilerosis
gove rise to immediate	4 / 1 / 2 / 1 / 0 / 2 / 0 / 0 / 0
lying cause lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TOTAL	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Port I or Port II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. p. m. 19 While Not while for work of work	tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1950	, 19 , ta 1958 , 19 , that I last saw the deceased
alive on 10-17-56, 19, and that death	C.00/13
	ADDRESS (Street, city or town, stote) / DATE SIGNED
SIGNATURE TO COME STORY	no Severna Part Md. 10-17-18
X12- 000 110	
PHYSICIAN'S NAME (Type) A CHEST C. HOW	U
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OF STRUCK OF CEMETERY OF STRUCK OF CEMETERY OF CEM	CREMATORY 22d XOCATION (City, town, or county) (Story)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
your off, degree our comma	mal DATE OCT 2 0 '58 Civilian S. Thouse

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10826

10821 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYL	AND 2.	USUAL RESIDEN o. STATE Maryla:	CE (Whe	ere deceased	l lived. If instituti b. COUNTY	on: Residen	Am n	odmiss	ion)
	N (If autside corporate limite neorest tawn)	ts, write	c. LENGTH OF STAY I			VN (If ou		rote limits, write R				1)
d. NAME OF HOS	SPITAL (If not in hospital, a	ive street	oddress)	1/2	d. STREET ADDI	RESS				0	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fir ELIZAB		Middle IIPKINS BRO	OKS	lost	8 3	4. DATE OF DEATH	Oct.	6	Day		Yeor 1958
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIE		rch 24,	187	14	9. AGE (In years lost birthday) 84, yrs.	Months Months	Days Days	Hours	Min.
House	ATION (Give kind of work of working life, even if retired) Wife	done 10b.	own home	9	Mary	land		iuntry)	12. CI1	USA		COUNTRY
13. FATHER'S NAME	77. 3			14	I. MOTHER'S MA							
15. WAS DECEASED	Unknows EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INFOI	PMANT	Unk	nown	Add	ross			
(Yes. no. or unknown)	(If yes, give wor or dotes of so NO	ervice)	none			Bas	il- D	aughter-		as	# 2	Test.
gave rise to cause (o), stati lying cause to	ng the under- DUE TO		CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO TH	C.	U L	CONDITION GIV	VEN IN PAR	T 1(0) 19	. WAS	AUTOPSY PRMED?
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING THE NOTICE OF DEATH OF MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter noture of in	jury in Po	ort I ar Part	II of item 18.)				NO 🔼
20c. TIME OF IN. Hour a. I	m, 10	While	Not while	20e. PLACE foctory,	OF INJURY (Hom street, office blo	ne, farm, dg., etc.)	20f. (City	or town)	(1	County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the 9-11-58 Frank Shipl	19_14 £	liples MD	death occ	121 an	TA ea	M, from	reet, city or town, a dral	and on the stole)		e state	
Burial 23. EUNERAL DIRECT			Cedar Bl		metery			ON (City, town,	or county)	GNATUPE	(State	e)
	FUNDAL ROM	2	Annana?	ic M		OC	1 9 5	8	thun &	Than	A	

MANY COMPLETE DEPARTMENT OF STATE DESIGNATIONS CERTIFICATE OF DEATH THE PARTY OF THE P

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NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	the hospital or attending physician.	DR: After this certificate has been signed by the attending physician and campletely filled in by the meral director,	detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	to burial, cremation, or removal, and in any event within 72 hours after death.
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TO FUNERAL DIR.
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VS A1S (4) 1SM 10/S7

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10860	CERTIF		OF DEAT	H		Reg. D	ist. No:	108	22
1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYL	11 (JSUAL RESIDENCE (V	Where deceased D.C.	lived. If institution b. COUNTY			e odmiss	iian)
	(If autside corporate limits, wr		N 16	. CITY OR TOWN (II	outside corpora	te limits, write R	URAL and	give nea	rest town	n) 🗸
Rural - L	aurel, Md.	28 years		Washing	ton		1	47x	-3	
	District Trais s Center. Lau			55 N St	reet SW			1		FARM?
3. NAME OF DECEASED (Type or print)	James	Middle		Brown	4. DATE OF DEATH	Mon Octo	_	10		Year 19 58
5. SEX	6. COLOR OR RACE 7.	AARRIED NEVER MARRIED	B. DA	TE OF BIRTH	9	AGE (In years				ER 24 HRS
male	Negro WID	OWED DIVORCED	0 5	/12/18	3000	last birthday) 40 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stat	le or fareign cou	ntry)	12. CI	TIZEN O	F WHAT	COUNTR
	•		100		Unknow	m		U.S.		
13. FATHER'S NAME			14	MOTHER'S MAIDEN						-
	James A. Brow	n		A	manda Bi	rown				
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Dis	trict Tra	ining Scenter. I	hool Address		115		
Canditions, if a gave rise to cause (o), stating lying cause last.	the under-	cardio-vas hypertensi	ve car	dio-vascu			EN IN PAR	5	PERFO	rs
20a. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OC		ter nature of injury in					163	
20c. TIME OF INJU Havr a. m. p. m.	W	hile Not white wark at wark	factory,	street, office bldg., el	ic.)	r 10wn)	(County)		(State)
actual SIGNATURE	tober 9 , 1	958 , and that of	M.D.	, 19 <u>56</u> , to 0 urred of 5:30 Children	A M, from ADDRESS (Street	et, city or town,	nd on t	he dat	e state	ate sign
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMET		MATORY	22d. LOCATIC	DN (City, town, a	r country		(State	
REMOVAL (Specify		District T				en's Cer		Ton		
23. FUNERAL DIRECTOR		ADDRESS 1. + 0+	19.	24g. REC	C'D BY REGISTRA		TRAR'S SI		E	Ma.

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FOR STATE HEALTH DEPT.

14 hours offer death. If any delay is necessary, please ive Pages 1. 2, and 3 to the funeral director. Page farm PM3. Page 5 may be relained for any files. File pages 1 and 2 with the State Board of Health, yevent within 72 hours after death.

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15	execute the cert withing the word "pending" in pencil in Item 18. G	151	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.	
5	M :	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									Mag. D.	31. 110		
1. PLACE OF DEATH o. COUNTY	ne Arundel	0.1	MARYL	AND	2. USUAL RES	IDENCE (V	Vhere decease	ed lived. If institu b. COUNT		ince bef	ore admission)	
b. CITY OR TOWN (IF	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	V 16	c. CITY OF	TOWN (If	outside corp	orate limits, write	RURAL and	give n	eorest town)	V
and give nearest town					Balt	timor	9	3	Var		1 - 2	
		If not in he	ospital, give street address)		d. STREET						. IS RESIDEN	4CE
House of (Correction	Hospi	ital		210	N. F	Pulto	n Ave.			YES NO	
3. NAME OF	Fir	-	Middle		Los		4. DATE	Mont	h	Doy	Yeor	
(Type or print)	aryan and a second	MAS	F.		OWN		OF	Octob	er 27		19 58	
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	B. 0	DATE OF BIRTH	1		9. AGE (In years lost birthday)		1YEAR Doys	Hours Min.	HRS.
Male	White	WIDOW	ED DIVORCED		Sept	190	05	53 yrs.	Monns	Doys	HOUFS Min.	
during most of working	ON (Give kind of work g life, even if retired) OPER	done 10b.	KIND OF BUSINESS OR IN			rylar	nd	ountry)	12. CITI	ZEN O	F WHAT COUN	ITRY
is. FAIRER'S NAME				133								
	J. Brow					na B	Lanch	e Ford				
15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of	service)	S. SOCIAL SECURITY NO.					Address				
			Mrs. Josep	h R	obier	802	27 Li	berty R	oad			
PART I. DEAT 2 23 × Conditions, if o gove rise to immediate to immediate the course lost.	ny, which (b) DUE TO underlying (c)	Men	ingioma, rig							ONSE	RYAL BETWEEN	
PART II, OTH			BE HOW INJURY OCCURR						EN IN PART		9. WAS AUTOP PERFORMED: YES NO	?
CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m.		Whi		e. PLACE factor	OF INJURY (Home, form bldg., etc.	20f. (City	or town)	(Cou	inty)	(Sto	te)
opinion death			remains described couses 3, Accide	ent [, Suicid	e [], I	Y X, Ir Homicide (AMINER)		rmined n	nanne	DATE SIGNED	
EXAMINER'S NAME (Type)	lliam V. L	ovitt	Jr., M.D.		DEPUTY	MEDICAL	EXAMINER [3	10	/28	/58	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	N. 22b. DATE THEREC		Me adowr					nion (City, town,		1 &:	(State) Dorse	y
23. FUNERAL DIRECTOR			ADDRESS	0		240. REC'	D BY REGIST		STRAR'S SIG		RE	d.
JOHN F.	DENNY. I	NC.	715 Light	St		DATEDO	T 2 0 '5'		1 0	~	n	U.

MELICAL EXAMINATE CARRIED FLATH market blancarity of the Land State of the State 30 dwarf first a poster, dr., b. 1SM 10/S7

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 1058 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years (hday) Haurs yes. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (County) (State) ____, 19___,that I last saw the deceased and that death accurred at A M, from the causes and an the date stated above. ADDRESS (Street, city or town state) 22d_LOCATION (City, town, or county) (Stole)

Commy & Traces

DE CHEATH - BARDMORE 18 THERE	MARYLAND STATE DEPARTME
TE OF DEATH	TORRES CERTIFICA
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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

10827 **CERTIFICATE OF DEATH**

M

Reg. Dist. No. 11826

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Maryla	eceased lived. If institution, Residently b. COUNTY	ce before odmission) Arundel				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapodis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest lawn)				
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Anna Arundel General Ho		/ d. STREET ADDRESS 422 Chester A	ve	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First DECEASED (Type or print) John Wesley Co	Middle	lost 4. D	PATE Month OF SEATH / O -	Day Year 3 - 1927				
S. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		8. DATE OF BIRTH Sept. 1-1894	9, AGE (In years lef UNDER last birthdoy) 64 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.				
10c. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) General Helper (laborer	IND OF BUSINESS OR INDU ************************************	South River A		IZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Charles E. Carroll		Sallie Colb	ert					
[Yes, no or unknown] [If yes, give war or dates of service]		NFORMANT Sona Carroll 42	Address	nanolis . Md.				
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	cumula	gu, nt	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which (b)	Conditions, if any, which arterorelesses (b) arterorelesses							
cause (o), slating the <u>under-</u> lying cause lost. DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	FNOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1	or Part II of item 18.)					
Hour o. m. While		ACE OF INJURY (Home, form, 20 clory, street, office bldg., etc.)	f. (City or town)	County) (Stote)				
21. I certify that I attended the decease	d fram 10	1- 19 5800 /	0-3-19 57 That 1	last saw the deceased				
alive on 10 - 3 - 195	_		, fram the causes and an t					
1	1 11		ESS (Street, city or town, state)	DATE SIGNED				
SIGNATURE Franklik	lufly	MD. 12/ Ca	the drul	10-8-20				
PHYSICIAN'S Frank M.	Shiplay	form	apolia.	, rund				
220. BURIAL, CREMATION, BREMOYAI (Specify) 22b. DATE THEREOF Oct. 6-58	John Wesley		napolis Neck -	(Stote)				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY						
Charles E. Hicks 111 Anna	polis, Md.	DATE OCT	8 '58 Cothug	8 Kma				

CERTIFICATE OF DEATH Frank . Carl Mar Thomas to the Test

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VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10864 CERTIFICATE OF DEATH

10827

	CERTIFICA	IL OI DEATH	Reg.	Dist. No.
1. PLACE OF DEATH O. COUNTY Anne Aryude	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Mary land	b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN Ilf outside con		d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION THE Strate Ho	ospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lillan First	Middle Car	Lost 4. DATE OF DEAT	H Oct. 5, 1	Doy Yeor 958 19
Female Negro WIDOWED D	DIVORCED	DATE OF BIRTH	lost birthdoy) Month	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dimes LC	D OF BUSINESS OR INDUST	Maryland		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
S'am Carter		mary !		
[Yes, no, or unknown] [If yes, give wor or dates of service]	1	formant tospital Record	Address	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) 0 DUE TO	5 Syphilis	Meningoeneapl	alifir	INTERVAL BETWEEN ONSET AND DEATH Kingun tous
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b)				
PART II. OTHER SIGNIFICANT CONDITIONS CONT Hypertensive Cardio	TRIBUTING TO DEATH BUT NO USECULAr dise	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	E HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Pa	ort If of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJUR Hour o. m. P. m. 19 While of work	Not while	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	ly or town)	(County) (State)
21. I certify that I attended the deceased falive on Oct 5, 1958		accurred at 7.30 P. M. fro	m the causes and on	
ACTUAL SIGNATURE Stanley C. Sary	gland M	D. Crownsville.	Street, city or town, state)	DATE SIGNE
	geant_	Crownsville	Md.	
Burnal 10/8/58	Sich nech Cos	CREMATORY 22d. LOC.	TION (City, town, or county	~.Nd (State)
23. FUNERAL DIRECTOR'S SIGNATURE Remeth Wallan Ch	astertown N	24g. REC'D BY REGIS	58 24b. REGISTRAR'S	

of the lange	AT SECURITION STATE DEPARTMENT, OF HEALTH SECURITIONS TO									
		MANG TO STAD								
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			or grownall							
			and series							

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10865

CERTIFICATE OF DEATH

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-00	Dist	No			

										Keg. Dis	T. INO.		
1. A	PLACE OF DEATH O COUNTY NNE Arunde	1		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Baltimore City							
C	b. CITY OR TOWN (IF RURAL and gizzne POWNSVIILE	outside corporate fimi orest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Baltimore							
0	d. NAME OF HOSPITA OR INSTITUTION rownsville	State Hos				d. STREET /		tmen St	reet	7			IDENCE FARM? NO [A]
3.	NAME OF DECEASED (Type or print)	Vir	ginis	a Flor	dia	Car		4. DATE OF DEATH	Mon 1		Por 9		Yeor 58
5. SEX 6. COLOR OR RACE 7. MARRIED Female Negro WIDOWED		D DIVORCE		8. DATE OF BIRT 12/6/13		9.	AGE (In years lost birthday) yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Work							yland	ar foreign cau	ntry)	12. CIT		WHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Samuel	Harris			96		ah Ha						
15. (Ye	NO DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of si	CES? 16.	SOCIAL SECURITY NO.		NFORMANT Hospital	L Reco	rds	Add	ress			
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ty, which mediate DUE TO)	e for (c). (b). ond (c).] Asphyxia Food Inhala Encephaloma	atio		Motor	Aphasi	.a.			RVAL BE	
MEDICAL CERTIFICATION				ONTRIBUTING TO DEA		144.3				EN IN PART	1(o) 19	PERFO	RMED?
L CERTI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	ZUD. DESC	CRIBE HOW INJURY OF	CCURKE	O. (Enter nature o	of injury in P	art I or Port II	of Hem 18.)				
MEDICA	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	20d. IN While at wark	Not while of work	20e. PL	ACE OF INJURY ((Home, form, e bldg., etc.)	20f. (City o	r town)		ounty)		(State)
	3.0	at I attended the				, 19.58		10/9	, 19.58	_,that	ast sa	w the	deceased
	ACTUAL SIGNATURE	ADDRESS (Street, city or town, state) Crownsville State Hospital								ne dat	DA	ed abave. ATE SIGNED 10/58	
	PHYSICIAN'S NAME (Type)	L. Benedic	ŧ, M.	D.		Cro	wnsvil	le Sta	te Hosp	ital		10/	10/58
220	REMOVAL (Specify)	13 OCS	58	22c. NAME OF CEME	TERY O	R CREMATORY		22d, LOCATIO	NICity, Iown,	or county)	1	(Stote	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE	roli	ADDRESS 2700 E	dm	only	24a. REC'D	BY REGISTRA		STRAR'S SIC			
	U					64							

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TO HOSPITAL OR TO FUNERAL DIR VS A15 (4) 1SM 10/57

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

by the hospital ar attending physician.

Description and campletely filled in by the particle of the contending physician and campletely filled in by the process.

Section of the control of the period of the peri

the registrar prior to buriol, cremation, or remaval, and in any event within

CERTIFICATE OF DIATH The state of the s The state of the state of the party of the state of the s

	ACE OF DEATH					2. USUAL RESIDENCE (Where deceased	d lived. If instituti	ian: Reside	nce befor	e admission)
-	COUNTY	3 - 7		MAR	YLAND	o. STATE		b. COUNTY			
	nne Arun					Maryland			Arun		
	RURAL and give n	- 30		LENGTH OF STA		c. CITY OR TOWN (I				170	rest town)
		rge G. Weade		20 Hour	S	X Fort Geo	rge G.	meade, M	aryla	nd	
	OR INSTITUTION	Hospital	ve street add	ress)		d. STREET ADDRESS	6_4			ľ	ON A FAR
		First		Middl	la la	Lost	4. DATE	Mor	al.		
DE	AME OF CEASED (pe or print)			Middle	e		OF DEATH			Do	
		Helen		_A		Collins	DEATH	Octo			195
5. SEX	X	6. COLOR OR RACE	7. MARRIED	NEVER MARR	RIED 🔲 3	DATE OF BIRTH		AGE (In years lost birthday)			IF UNDER 24
F	emale	Cauc	WIDOWED	DIVORC	ED 🔲		892	66 yrs.	Months	Days	Hours /
10a. L	USUAL OCCUPATION	ON (Give kind of work de	one 10b. KIN	ND OF BUSINESS	OR INDUS	TRY A. BIRTHPLACE (SIG	te or foreign o	puntry)	12. CI	TIZEN O	F WHAT CO
d	during most at wor	king life, even if retired)	E 1000								
	lousewife			N/A			ylvani	.8.		US	
131. FA	ATHER'S NAME			757.5		MOTHER'S MAIDEN	I NAME				
	F144	s Windler	1			TT	les ores				
15. W		R IN U. S. ARMED FORC		CIAL SECURITY NO	O. 17. IN	FORMANT	known	hold the Add	ress 🔿	M 3	202
	o, or unknown)	(It yes, give war or dates of ser		CITAL DECORNIT 14			FO	rt Georg	e G,	mead	e, Md
					(50	n) SP4 Howa	rd Coll	ins, Hq C	o 2no	l Bn,	3rd AC
11	8. CAUSE OF DE	ATH [Enter only one cau	se per line f	for (a), (b), and (c)).]					INTE	RVAL BETWE
	PART I. DEA	ATH WAS CAUSED BY:	O.m.	TI	in a such						ET AND DE
		IMMEDIATE CAUSE (a)				11 0 th 1 00 00 th					
			OOME	000210 11	care	Failure			_	4	Days
	416X	DUE TO						-1		-	
	1	DUE TO		matic He						-	<u>Years</u>
	Conditions, if a	DUE TO								-	
	Canditions, if a gave rise to i cause (o), stating	DUE TO								-	
	Canditions, if a gave rise to i cause (a), stating lying cause last.	DUE TO ony, which mmediate the under: (b) DUE TO (c)	Rheu	umatic He	eart D	ise ase				50	Years
	Canditions, if a gave rise to i cause (a), stating lying cause last.	DUE TO ony, which mmediate the under: DUE TO	Rheu	umatic He	eart D	ise ase	MINAL DISEASI	E CONDITION GIV	VEN IN PAI	50	Years
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the haspital or attending physician.

R: After this certificate has been signed by the attending physician and completely filled letached far use as the burial-transit permit. Then please remave carban papers. Pages 1 a burial, crematian, ar remaval, and in any event within 72 hoyr's after death. TO FUNERAL DIRE page 3 shauld ... the registrar prior t TO HOSPITAL OR

eral director, be filed with

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10867 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

10830

		Acg. Dist. 110.
	1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY LAND b. COUNTY RAITHMORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION. CRCW IN SVILLE STATE HOSPITAL	d. STREET ADDRESS ON A FARM? YES NOW
	3. NAME OF First Middle CType or print) HEZEKIAH Middle	COLLINS 4. DATE OF DEATH OCTUBER 22 1958
	5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED NIVER DIVORCED	DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	11. BIRTHPLACE (State or foreign country) NEW TERSEY 12. CITIZEN OF WHAT COUNTRY: U.S.A.
4	13. FATHER'S NAME HEZEKIAH W. C.C.LLINS	14. MOTHER'S MAIDEN NAME
		FORMANT Address Address ROSPITAL RECORDS
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). UREMIA Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	INTERVAL DETWEEN ONSET AND DEATH
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N DEHYDRATION	ARTERIOSCIEROSIS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.) CE OF INJURY (Home, form, 1 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year Not INJURY OCCURRED While Not while of work of otwork	ory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 4-4- alive on 10/22, 19 58, and that death of the signature Lionel McHenry Mapp, M. D.	accurred at 5:30 Az M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED Cramswells State Looptal, Md.
	PREMOVAL (Specify) 120. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1024/57 BALTIMARB	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23 PUNERAL DIRECTOR'S SIGNATURE ROCKS & BOTH & Canha	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Criming S. Knows

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF BEATLE

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L	10040	CERTIFICA	AIE OF DEATH	Reg. Di	st. No.
1	o. COUNTY a Count	ty MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived If institution: Resider	nce before admission)
(N.TTITY OR TOWN (If outside corporate limits, write c. LI RUBAL and, give negrest town) "	ENGTH OF STAY IN 16	C. CITY OR TOWN (18 or	outside corporate, limits, while RURAL and	give nearest town
	d. NAME OF HOSPITAL (If not in hospital, give street oddre	treet	12 Mon	iment st	e. IS RESIDENCE ON A FARM? YES NO
3	DECEASED (Type or print) heodell	Middle	wer	4. DATE Month OF DEATH	Day Year 23 1958
	Male Col WIDOWED	DIVORCED [7-4-19	14 last birthday) Months	Days Hours Min.
	oo. USUAL OCCUPATION (Give.kind of work done iduring most of working life, even if retired) Buck Buck Buck	wing Co.	mary.	land U	SAA
L	FATHER'S NAME William Cor	mer	Marle March	the Rand	ell
19	i. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI.	183-650 ST	redegetha (Ponner 12 Mon	ument St.
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(a), (b), and (c).]	on In	folism	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. (b) DUE TO				
CEPTIEICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
		HOW INJURY OCCURRED). (Enter nature of injury in Po	ort I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. 19 While of work		CE OF INJURY (Home, form, tory, street, office bldg., etc.)		County) (State)
	21. I certify that I attended the deceased fralive an 10 - 2 - 19 19	om 10-12-	occurred a G	M, from the causes and an t	last saw the deceased he date stated above.
	ACTUAL SIGNATURE 6 T. Collem		w.b. 62	DORESS (Street, city or town) state)	DATE SIGNED
	PHYSICIAN'S A. T. A.L.	EN		Enoyob,	wy
L	BUNGE 10-27-1958 K	Brewer F	tall (22d LOCATION (City, town, or county)	Marie)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	_ M 67 240. REC'D	BY REGISTRAR 24b. REGISTRAR'S SIG	GNATURE

DATE /UD8

heral director, be filled with death: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained by the haspital or attending physician.

• FUNERAL DIRE

• R. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 show the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after geeth. TO FUNERAL DIRE page 3 should be VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10868

CERTIFICATE OF DEATH

10832

	1000	9	CERTII	ICAII	LOFD	EAIL			Reg. Dis	I. No.		- 4
1. PLACE OF DEATH a. COUNTY			MARYL		O. SIAIL			d lived. If institution				ion)
	Arundel					laryl				ltir		
b. CITY OR TOWN (If a RURAL and give near Fern Gle	rest lown)	s, write	c. LENGTH OF STAY IN	И 16	Steve		utside carpo	prate limits, write R	URAL and	give nea	rest tawn)
d. NAME OF HOSPITAL	. (If not in hospital, g	ive street	address)		d. STREET AD				0 2 %	- 0	. IS RES	IDENCE
or institution 106 Fore	st Street				Steve	nson	Road				ON A	FARM?
3. NAME OF DECEASED	Fire	st	Middle		Last		4. DATE	Mon	th	Day	,	Yeor
	UEEN	L		CRUI	E		OF DEATH	October	5,			10 58
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. D.	ATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR		, , .
Female	White	WIDOWI	DIVORCED	_ J	anuary		869	89 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work of life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (State	or foreign c	ountry)			WHAT	COUNTRY
Housewife			Own Home				yland			USA		-
13. FATHER'S NAME				14	. MOTHER'S		IAME					
Ephriam Har					Mary	3						
15. WAS DECEASED EVER I	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOS				Addr	ress			
No	None		None	Fami.	ly reco	ords						
PART I. DEATH	I (Enter only one con WAS CAUSED BY: WMEDIATE CAUSE (o) DUE TO		CORONA	RY	THR	OM E	3051	2		ONS	ET AND	DEATH
Conditions, if any gave rise to imm couse (a), stating the tying cause last.	nediote DUE TO											
ІСАТІ			ONTRIBUTING TO DEAT						EN IN PART	1(0) 19	PERFO	AUTOPSY RMED? NO
OR CONTRIBUTING C	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (En	nter nature of	injury in P	ort I or Por	t II of item 1B.)			398	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	r 20d. It While at work	_ Not while_	0e. PLACE (foctory,	OF INJURY (H street, office	ome, form, bldg., etc.	20f. (City	or town)	(C	ounty)		(Stote)
21. I certify that	l attended the	decease	ed fram 9-	leath occ		to	10 -	5 , 19 <u>58</u> n the causes a	,that I I	ast sa	w the	deceased
ACTUAL SIGNATURE	fem C	· /-	eny	M.D.	201		ADDRESS (SI	reet, city ar town,	state)	ie dai		TE SIGNES -6-5
PHYSICIAN'S NAME (Type)	LEON C	. 7	PERRY, A	1D.	GL	EN	Bu	RNIE			M	D.
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	0Et. 9, 193	18	Sater's Ce					ron (City, town, o		Co	(State	
23. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS	001			BY REGIST		TRAR'S SIG		-	~ 4
John Burns'		on,	Maryland			DATE OC			thun S.			

TO FUNERAL DIR TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The low

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	r y d (Lat L. A. L. purbanous) Littlema Littlema L. A. L.			
Liberton de la companya de la compan				

FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral display. Page 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 60% for files. TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages 1 and 2 with the State Board of Medith, or remayal, and in any event within 72 hours after death.

Item 18 Film 235 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.		1	A	Q	3	2
Reg.	Dist.	No:	V	U	U	U

	THEST			Keg, Dist. No.
1. PLACE OF DEATH 0. COUNTY AT	me Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE Maryland	b. COUNTY Anne Arundel
and give nearest town)	iulside corporate limits, write RURAL	79 4RS.	c. CITY OR TOWN (If autside corporate li	imits, write RURAL and give nearest lawn)
	E OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CHR. JOHN	STOFER Middle	UMMINGS 4. DATE OF DEATH	October 25 19 58
5. SEX Male	6. COLOR OR RACE 7. MARI		DATE OF BLETH 9. AGE 1001 by 79	In years IF UNDER 1YEAR IF UNDER 24 HRS (rithday) Manihs Days Haurs Min.
10a. USUAL OCCUPATION during most of working	life, even if retired)	KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country) MAYO MD	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	KLIN GUMMIN	145	MAY ETTA G	ARDNER
	R IN U. S. ARMED FORCES? It yes, give war or dates of service)		CRMAN CUMMINIFS	Address MAYO, MP
PART I, DEATH	DUE TO y, which (b)		c cardiovascular di	INTERVAL BETWEEN ONSET AND DEATH
PART II, OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE COND	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SE WAS TRIBUTING []	BE HOW INJURY OCCURRED. (E	nter nature af injury in Part I ar Part II af item	18.)
20c. TIME OF INJURY Haur a. m. p. m.	Wh		E OF INJURY (Hame, farm. 20f. (City or tawn ry, street, office bldg., etc.)	(Caunty) (State)
	at I taok charge of the esulted from: Natural	causes Accident], Suicide [], Homicide [],	ion, Inquiry, and in my Undetermined manner
SIGNATURE EXAMINER'S NAME (Type)	Charles S. I	Petty, M.D.	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER OF DEPUTY MEDICAL EXAMINER	10/26/58
220. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY OR MAYO MEMOR		ity, tawn, or county) (State)
23. FUNERAL DIRECTOR'S	SIGNATURE SECRETARY	laville led	24g. REC'D BY REGISTRAR DATE OCT 2 8 '58	24b. REGISTRAR'S SIGNATURE Circhay S. Kraud

VS. A15ME 5M 2/57

AUDICAL EXAMINES SERVIFICATE OF DEATH LABOUR CHELL re tarono TO DOWN THE RESERVE OF THE PARTY OF THE PART Y LANDING BY CARTON TOWNS AND APPLICATIONS OF BANKEY (L) construct the many (E) production are belonging to the more training to the contract the contract the contract to the contract the LANGUAGE OFFICE AND THE PARTY OF THE PARTY O

TOTAL TOTAL

VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

Reg. Dist. No.

Anne	Arundel		MARYLAN	2. USU	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland Baltimore City					
RURA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore								own)	
OKI	E OF HOSPITAL (If not in hospital, NSTITUTION MSVILLE State H				STREET ADDRESS	e Stree		- 1- 14	NO N	RESIDENCE A FARM?
3. NAME (DECEASI (Type or	ED	First nillir	Middle		lost Curry	4. DATE OF DEATH	Man		Doy 17	Yeor 1958
5. SEX			RIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years	IF UNDER 1		
Male		WIDOW			1.04	1894	last birthday) 64 yrs.		oys Hou	
10a. USUAL during	OCCUPATION (Give kind of working life, even if retire	k done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (Stol	te or foreign co	ountry)		S.A.	AT COUNTRY?
13. FATHER				14. M	OTHER'S MAIDEN				-	
Ja	mes Braxter (De	cease	d)	4 0	Betty C	urry (Deceased			
15. WAS DE (Yes, no, or un	CEASED EVER IN U. S. ARMED FO	PRCES? 16.		Hospi	NT tal Recor	rds	Addı	ress		
gave couse lying	(o), stoting the <u>under-</u> couse lost.	(c) THE	umonia - Hypo d Myocardial	infar	ets with	Syphil	is		ONSET AN	
Cer 20g. AC	Cerebral Thrombosis with hemiplegia-old CNS syphilis with General Paresis YES NO ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OF THE PROPERTY OF									
₹ 20c. TIM	ER, NOTIFY MEDICAL EXAMINER) IE OF INJURY Month, Day, Your a.m. 19	ear 20d. II	NJURY OCCURRED 20e. Not while of work	PLACE OF I foctory, stre	NJURY (Home, far et, office bldg., et	m, 20f. (City	or tawn)	(Cor	unty)	(State)
olive ACTUAI SIGNAT	21. I certify that of other deceased from. 19. to 10/17, 19. 58, that I lost sow the deceased of the office on 10/17 that 10 the other stated above. ACTUAL SIGNATURE Library Mappy M. D. Crownsville State Hospital, Md. 10/17/58 PHYSICIAN'S Lionel McHenry Mappy M. D. Crownsville State Hospital, Md. 10/17/58									
REMOV	CREMATION, 226. DATE THERE AL (Specify)		122 NAME OF CEMETERY	OR CREMA			ION (City, town, o			0/17/58
123 FUNERAL	ROBLET 188 H	lasky	& Connai	ma	240. REC	T 2 3 '58		TEAR'S SIGN		

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CERTIFICATE OF DEATH 10872

27 Reg. Dist. No..

1		
3	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Page 1	COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Baltimore
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
	TOWN	TOWN
	HOSPITAL OR HOSPITAL OR	STREET ((f rure) give location)
0	INSTITUTION OR STREET ADDRESS IT C ATRIX HOODT HAT	ADDRESS
	U. D. ARWI HOSPITAL	3312 Prichton St
	3. NAME OF (First) (Middle) DECEASED	of October 17
	(Type or Print) Trma Lee D	Dailey DEATH OCTOBER 17 19 58
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BRTH Ober 17.58. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
	COLRE INCCRO (Specify) CCTO	Ber 17, 1957 yrs. Months Days Hours Min.
	10e, USUAL OCCUPATION Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	done during most of working life, even if OR INDUSTRY	Manual and
	Infant 13. FATHER'S NAME	Maryland USA
		14. MOTHER 3 MAIDEN NAME
	Nathaniel L. Dailey	Ella L. Green
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give war or deles of service)	17. INFORMANT & ADDRESS Hospital Records
	(Yas, no, or unk.) (If Yes, give war or detes of service) None	
	18, MEDICAL CER	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	776 X IMMEDIATE CAUSE (A) Prematurit	y 6hrs 43min
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE AROVE CAUSE	
	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	(C) IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
0	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO X
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Siete)
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	M. et work et work	
		, 1958, to17Oct, 1958, that I last saw the deceased
	alive on 17 Oct, 19.58 and that death occurred at.	2.20PM, from the causes and on the date stated above.
10M	SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
1-55	1 Tred M Zuhlusty M.D. T	U.S. Army Hospital, Pt Meade, Md 17 Oct 58 CREMATORY LOCATION (City, town, or county) (State)
	23. BURIAL, CREMATION, PATE/THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
A15C	Burial Oct. 18, 1958 Mt. Au	burn Baltimore Md
75	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1	DATE OCT 2 1 '58	Halland Fynn Hains N. C.
V		The same of the party

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CERTIFICATE OF DEATH

Reg. Dist. No.

1 1-			
1	O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY AHNE BRUHD	
	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
1	DASADENA P-O, 17 yrs d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RT-3, Boy 35 - CATHERINE AVE.	d. STREET ADDRESS SANT ON A FA YES N	ARM?
-	3. NAME OF DECEASED (Type or print) GEORGE HENRY DA	SHIELLS 4. DATE Month Day Year OF DEATH OCTOBER 1 19	58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 3 DEC. 1875 9. AGE (In years lost birthdoy) 82 yrs. Wonths Days Hours	24 HRS. Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLASS WORKER CLASS	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT CO MARYLATYD *ES	DUNTRY
1	NICHOLAS DASHIEUS (des)	AHNA SHRINER (dec)	746
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown] [If yes, give wor or dates of service] 218-09-5142 M	MALLE V. DASHIELLS (Wife) SAME ADI	RES
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		EEN
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. (b)	h. h. 1	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORM YES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU	ED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for While of work of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	21. I certify that I attended the deceased from 7 and that death	accurred at 10 36 A.M., from the causes and an the date stated ADDRESS (Street, city or town, stote) DATE	
	SIGNATURE HF. Mannyah	MO. 901 Edgely Rd. 10ct. 19	958
-	PHYSICIAN'S HIF MANUZAK	Gler Burnie, Md.	
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O Oct. 4, 1958 Glen Haven	Memorial Glen Burnie , Md.	
	Hopping and Kirkley, Glen Burnie,	Md. DATE OCT 6 '58 246. REGISTRAR'S SIGNATURE	

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and a second of the second of	FUNERAL DIRECAR. After this certificate has been signed by the attending physician and campletely filled in by the formal di	page 3 shauld be sectached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sh. The File	he registrar priar to burial, crematian, ar remaval, and in any event within 72 hayrs after death.
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	-	Q.	mbm.

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10874	CERTIFICATE OF DEATH	

10840

					Keg. DIST	. 140.	
Arme Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased	lived. If institutio b. COUNTY Talbo		before admis	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give accrest town) Crownsville	c. LENGTH OF STAY IN 16 23y 8m 22d	c. CITY OR TOWN (I	If outside corpor		IRAL and giv	ve negrest low	n)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Crownsville State Hospital	address)	d. STREET ADDRESS					SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Georg		Delahay	4. DATE OF DEATH	Mont 10		Doy 8	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MAR Nale Negro widow	ED DIVORCED	12/24/90	560	last birthdoy) O yrs.		YEAR IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (SIO Maryla:	nte or foreign co	untry)		S.A.	COUNTRY
George Delahay		14. MOTHER'S MAIDEN	n Dicks	on			E
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [If yes, give war or dates of service]		NFORMANT Hospital Rec	ords	Addre	258		
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost. (c)	teriosclerotic		lar Dise	eas e		INTERVAL BE ONSET AND	
PART II. OTHER SIGNIFICANT CONDITIONS. Pa.:	rtial S-A Block				N IN PART I	PERFC	AUTOPSY ORMED?
	CRIBE HOW INJURY OCCURRED			II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. 1 While of wor	_ Not while foc	CE OF INJURY (Home, fortory_street, office bldg., e	erm, 20f. (City els.)	or town)	(Co	unty)	(Stote)
21. I certify that I attended the decease alive an 10/8	8, and that death	w.b. Crowns	58M, from ADDRESS (Sire Ville S	the causes are cet. city or lown, state Hosp	nd an the		ed abave ATE SIGNED 8/58
22a. BURIAL, CREMATION, 22b. DATE THEREOF AMOUNT (Specify 10.9158	22c. NAME OF CEMETERY OF	CREMATORY . Salvag	22d. LOCATI	ON (City, town, or	county)	(Stat	e)
23 FUNERAL DIRECTOR'S SIGNATURE Nom, Ressett 108 h	lash stan	1. 10/1	OCT 1 0	-0	TRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10875 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

10841

-		Reg. Dist. No.
	PLACE OF DEATH Q.COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY B. 1 T. March
_	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	Crownswelle MONIAS	BALTIMORE 3VOI-4
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CROWNSUITE STATE	3047 ASCENSION STREET YES NOW
3.	NAME OF DECEASED (Type or print) TAMES ASBURY A	Lost 4. DATE Month Day Year OF DEATH OCHRER 4 1958
S.	NALE AGA WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) NOVEMBER 7,199 9. AGE (In years lost birthday) Months Days Hours Min.
10	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ISAAC FLOYD	· UNENOUN
	Yes, no. or unknown [If yes, give wor or dates of service]	NFORMANT Address 15 LULA MAE FLOYD 3047 AXENSION S
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. Conditions D ARTERIO SCLENOSIS	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI		D. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED For the Post work of work of work 19 Post work 19 P	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
	21. I certify that attended the deceased from and that death	1958, to all the feet of the last saw the deceased accurred at 2 200 M, from the causes and an the date stated above
	ACTUAL SIGNATURE SIGNATURE MC See	M.D. CROWNS UT 1 E STATE HOSPITA
	PHYSICIAN'S V	CROWNSUITE, MARYLAND
72	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	un com Ballo. Illa.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 322	A 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
n	Mrs latio R William of Schridder	DATE OCT 8 58 Contral A. Thanks

AT COMMITTAGE DISTANCE OF HEALTH BATTE STATE ON A LYSIAM the second of the property of the Mark State of the State

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

P 2

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

alive on

ACTUAL

PHYSICIAN'S NAME (Type

REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Com.

DATE OC

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

that death occurred at 9:05/3M, from the causes and an the date stated above.

ADDRESS (Street_city or town, stote)

22d. LOCATION (City, town, or county)

DATE SIGNED

(Stote)

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The Leading As As & Co.	Surviva .	
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CERTIFICATE OF DEATH

Reg. Dist. No.

							Keg. Dist	. 140.
1. PLACE OF DEATH	e Arundel	MARYLAN		USUAL RESIDENCE (Who	ere deceos	ed lived. If instituti b. COUNTY	anı Residence	before admission)
				Mary				Arungel
b. CITY OR TOWN (If RURAL and give ne	foutside corparole limits, write arest tawn)	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (IF or	utside carp	orote limits, write R	URAL and give	re nearest tawn)
Brookly		1 mo.	15	O Brookly	vn P	ark (25)		
d. NAME OF HOSPITA	AL (If nat in haspitol, give street	address)	,	d. STREET ADDRESS				. IS RESIDENCE
or institution 138 Edg	evale Road		/	138 Eds	reva.	le Rd.		YES NO
3. NAME OF	First	Middle		Last	4. DATE	Mon	th	Day Year
(Type or print)	Holon Ro	dlich Getz			DEATH	Oct.	25	1958
5. SEX	6. COLOR OR RACE 7. MAR			ATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 HRS
Female	White widow		-		394	last birthdoy)	Months D	Pays Hours Min.
	IN (Give kind of work done 10b.	- CN				OME yrs.	ID CITIZ	EN OF WHAT COUNTS
during most of work	ing life, even if retired)		NOUSIKY					-
Clerical	Worker We	stinghouse	1	Buffalo	N.	Υ.	U.	S.
3. FATHER'S NAME			1	4. MOTHER'S MAIDEN N	AME			
Herman	Redlich			Mary Oppe	enhei	mer		
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFO			Add	ress	
(Yes, no, or unknown) ((If yes, give war or dates of service)	9-20-0372	Mr.	Jack Getz	138	B Edgeva	le Ro	ad (25)
18. CAUSE OF DEA	TH [Enter anly one couse per li	ne for (a), (b), and (c).]						INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	municara	has	In buch	in			UNSET AND DEATH
1420.1	DUE TO	1		344	-0			1
								/ //
Canditians, if ar	nmediate							
cause (a), stating t								
lying cause lost.) (c)							
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
3								YES NO
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 206. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in P	ort I or Po	rt II of item 18.)		
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
₹ 20c TIME OF INJUR	Y Month, Doy, Year 20d. I	NJURY OCCURRED 20e	PLACE	OF INJURY (Hame, form,	20f (Cit	by or town)	1Ca	ounty) (State
20c. TIME OF INJURY	While	Not while		, street, office bldg., etc.		y or rown,	100	only) (Side
p. m.	19 of wo	rk ot work			1			
21. I certify th	at I attended the deceas	sed from 29 Se	gut	, 19, to2	20d	58 19	that I lo	st saw the deceas
alive on 20	00558 19	, and that de	ath oc					
	Α	, , , , , , , , , , , , , , , , ,	0 0.			Street, city or town,		DATE SIGN
ACTUAL	in In			4016 R			uay	2 unt
SIGNATURE	pro vancpure		M.D	70101		116 //	Luy-	27043
PHYSICIAN'S NAME (Type)	A. R. Sos no	ushi		Balt	0-2	5-ML		
Ma. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CI	REMATORY	22d. LOC/	ATION (City, town,	or county)	(State)
REMOVAL (Specify)			22				.,	
Cremation		58 Green	TATO O	nt Cremata			STRAR'S SIGN	
S. ONERAL DIRECTOR		Ol Ritchie	Herry			1177		
'arrest	me to	or rer course	TIR W	Y DATE O	6130	20	bithun &	Thouse

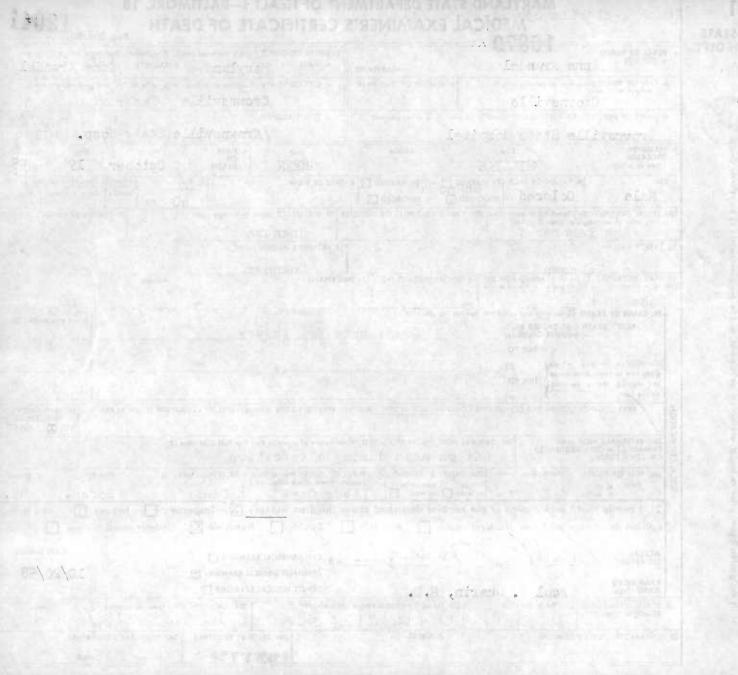
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after di may be retained by the haspital ar attending physicion.

D FUNERAL DIR DR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 she the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. may be retained TO FUNERAL DIM VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OR HEALTH-BALTIMORE, 18

	ME OF HEALTH-SALTIMORE,	STATE DEPARTME		
* TABLE	HTAR SO ST	CERTIFICA	81802	
	THE RESERVED AND PROPERTY OF		Basen a	
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	ACT OF STATE		interests will be well in the	
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Give Pages 1, 2 Give Pages 1, 2 form PM3. Pa MEDICAL DEPUTY 0 VS. A15ME 5M 2/57







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 4, Film G-234 10/14/58 Cac DEATH 1. PLACE OF DEATH o. COUNTY N b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS NAME OF DECEASED 4. DATE First Middle Lost Month OF (Type or print) 5. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 8 DATE OF RIPTH WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) a hor R 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work 1950 21. I certify that I attended the deceased fram ... ADDRESS (Street, city or town, state) ACTUAL O

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) . IS RESIDENCE YES NO R Year ... 190 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN (County) (Stote) 1957, that I last saw the deceased and that death accurred at 5 130 AM, from the causes and an the date stated above. DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETER 22d. LOCATION (City, town, or county) (Stole) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

10 VS A15 (4)

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VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	11

10881 CERTIFICATE OF DEATH

en Dia 10846

7 2300%	0_1(1)110			Reg. Dist. No.	403.4
Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institut b. COUNT	ion: Residence before Cimore Cit	e admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write		
Crownsville	6m 9d	Baltimore	3 v	101-4	
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Crownsville State Hospit	oddress)	d. STREET ADDRESS Unknown (Hor	meless?)		. IS RESIDENCE ON A FARM?
		I OURTIONII (1101			YES NO
3. NAME OF DECEASED (Type or print) First Albert	Middle	Grimmell	4. DATE OF DEATH	24 24	Yeor 58
5. SEX Male 6. COLOR OR RACE 7. MARI WIDOW		8. DATE OF BIRTH 10/2/79?	9. AGE (In years last birthdoy) yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Walter	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of Maryland	or foreign country)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME Sandy Grimmell		Mariah Dors			
IYes, no, or unknown) . (If yes nive war or dates of service)		NFORMANT Iospital Record	ds Add	fress	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	nility with Armeralized and	Cerebral Arter	riosclerosis	e ONSE	RVAL BETWEEN T AND DEATH
fart II. OTHER SIGNIFICANT CONDITIONS C Late latent syphilis 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- Ulcers of bo	not related to the terminoth feet.	NAL DISEASE CONDITION GIV		WAS AUTOPSY PERFORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)		
Hour o. m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that lattended the decease alive an 10/24/ 195		19 ⁵⁸ , ta 1 occurred at 7:30A	°M, from the causes of	that I last say	w the decease
ACTUAL SIGNATURE LEVEL SIGNATURE	Mall		DDRESS (Street, city or town, le State Hosp:	stolej	DATE SIGNE 10/24/58
PHYSICIAN'S Lionel (McHenry Mi	dop, M. D.	Crownsvil	le State Hosp	ital, Md.	10/24/58
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 10 29 18	200 NAME OF CEMETERY O	R-CREMATORY Word	22d. LOCATION (City, town,	or county)	(Stote)
23, FUNERAL DIRECTOR'S SIGNATURE Mom Resettion Nas	4.St. Clur	19. 10 DATES	and the second second	STRAR'S SIGNATURE	

NAMES OF STREET OF THE OWNER OF THE PARTY OF . It was the state of the state . D. V. GER STANDER WORLD THE LEVEL OF

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for death on the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for it files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board? Health, or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

execute the certification 4 should be for

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1083 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	D: 4	.1	A	8	4	7
Rea.	Dist.	Net	1	\sim	-46	-

		1,0500
•		PLACE OF DEATH 2. USUAL RETIDENCE (Where decrased lived of institution: Residence before admission)
	b	CITY OR TOWN III outside carporate lighter, write RURAL and give nearest town)
	6	Continuencles Mile Shadyside Md.
	d	S. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	- {	NAME OF DECEASED. (Type or print) Fames Everett Load 1. DATE OF DEATH DEATH Day Year 1958
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthday) WIDOWED DIVORCED 6. 25-/922 36 yrs. IFUNDER 1 FEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a	JUSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Suring most of working life, even if retired) DUMMON ROOM ROOM ROOM ROOM ROOM ROOM ROOM
)	13.	Lames a Know Ether Rodges
	15/11/4	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Sharping M.
	Î	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
1		Conditions, if ony, which) (b) Hrowsing
		gove rise to immediate couse (o), stating the underlying couse last. DUE TO
5	ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) Buye Swampel - Senter Rener
2	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d/INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour o. m. 10-7 1958 of work o
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
		opinian death resulted from Natural couses . Accident . Suicide . Homicide . Undetermined manner .
5		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
		EXAMINER'S E. LINGAR OF DEPUTY MEDICAL EXAMINER 10-7-18
	1	BURIAL (SEMATION) 226. DATE THEREOF 22c. PLANE OF CEMETERY OR CREMATORY SCHOOL (City town, or county) (State) Shallpule, M.C.
	23,	JUNERAL DIRECTOR'S SIGNATURE LAURAN CONTROL OF CONTROL OF THE DATE OF THE ONLY S. Knows
	March 1	

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	보이스라는 (14일 전쟁 (네트) 12 10 00 00 00 1 Cube 10 00 12 10 10 10 10 10 10 10 10 10 10 10 10 10
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VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10882 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 1848.

	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	Maryland Anne Arundel
	RURAL and give nearest fawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)	Bristol d. STREET ADDRESS e. IS RESIDENCE
)	OR INSTITUTION	ON A FARM? YES NO W
	3. NAME OF DECEASED (Type or print) AAM A ALL A	Hanrahan 4. DATE Month Day Year DEATH DEATH 26 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
	Female White WIDOWED DIVORCED	July 29, 1888 lost birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Practical Nurse (Reg.) Hospitals	North Carolina U.S.A.
Л	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	J. R. Hughes	Unknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NECHMANT
	(Yes, no. or unknown) (If yes, give wor or dates of service)	Brisuol,
		r. Clarence Ingle (Son) Maryland.
П	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Pre Dr	1 ASCULAR /Tocident # hxc
	331X DUE TO	
	Canditions, if any, which) (b)	
	gave rise to immediate cause (a), stating the under-	
	lying cause last. (c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
		D. (Enter nature of injury in Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. Littler native at injury in Part I of Part II or Hem 10.7
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. 19 While Not while for work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour a.m. P. m. While Not while for work at work	ctory, street, office bldg., etc.)
	Mills	nd had to
	21. I certify that I attended the deceased fram.	1955, to 26, 1958, that I last saw the deceased
	alive on 1950, and that death	occurred at A.M. from the causes and an the date stated above.
- 1	DR/	ADDRESS (Street, city or fown, state) DATE SIGNED
	SIGNATURE 1 10/ CLASSEN	M.D. Now Marches my 21000
/	00.70	
	PHYSICIAN'S R.B. Sasscer, M.D.	Upper Marlboro, Maryland.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)	(Sidile)
1		n Cemetery Bladenshing Hamyland.
	23. FUNERAL DIRECTOR'S SIGNATURE Ritchie Bros. Funeral Home—Maribor	
1	TET ONTE DIOD OF WITCH OF HOMG WIST, TOOL	O . MO . DATE

ST AND MITTALE STARTED THE START OF THE STAR CHITHCATE OF DEATH The second second of principal Me sings Till

FOR STATE HEALTH DEPT Page TO DEPUTY ME EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas execute the ce 1.e. writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be fa 4 should be fa TO FUNERAL DIK. OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar T. Health ar its designated agent, priar to burial, crematian, ar removal, and in any event within 72 hours ofter death. K

VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.10849

		1. PLACE OF DEATH	Accessed lived. If institution. Residence before admission)
	(o. COUNTY (in Crunde MARYLAND O. STAXT Jemses	vani b. COUNTE Philadelphia
	b	b. CHY OR TOWN (If outside corporate limits, write BURBL c. LENGTH OF STAY IN 16 c. CLTY OF TOWN (If outside the composition)	forporate limits, write RURAL and give neares (own)
		St. Margarets Thelade	Iplua 75x-3
	8	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM?
1		14482,37	YES NO
	- 1	3. NAME OF DECEASED And Andrew Lost 4. DA	
			ATH 10 11 1958
	3.7	5. SEX 6. SOLOR OF PACE 7. MARRIED NEVER MARRIED 18 B. DATE OF BIRTH	9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HKS. Months Days Hours Min.
	1	temale ce WIDOWED DIVORCED 7-18-1912	46 413.
	10a.	10a. USUM OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUSTHPLACE (State or fore guring most of yerking life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
	-	Cerk Luater master Vortsmou	Ch. Va. 4. S. C.
	13.	13. FATHER'S NAME	7 11-
	5	Henry & Warrison Unne	n Mutier
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 170 INFORMANT	Addgess / A . P
		170 V Damard Javes	Thiladelphia Il.
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
1		1 825 8 2000)
		Conditions, if any, which) (b) Mulliple orgunice	Suster
		gove rise to immediate cause (a), stating the underlying DUE TO	
		couse lost. (c)	
	8	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATION	5	PERFORMED?
	CERTIFI	200. EXTERNAL CAUSE WAS . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Primary to or Contributing	ort 11 of item 18.)
П		The state of the s	Leway
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. Not white foctory, street, office bldg., etc.)	(City or town) (County) (State)
4	MED	Hour A. 10 -11 - 19 While Not while of work of work agreements	AR. MJ
		21. I certify that I took charge of the remains described above, held an Autopsy	Inspection . Inquiry . and in my
		apinian death resulted from Natural couses . Accident Stricide . Homic	ide, Undetermined manner
		SIGNATURE COLUMN LOUGH M.D. CHIEF MEDICAL EXAMINE	R DATE SIGNED
		ASSISTANT MEDICAL EXAL	MINER []
-		EXAMINER'S F. LINGAROT DEPUTY MEDICAL EXAMIN	HER 20
	220	2203 BURIAL, CREMATION, 226. DATE THEREOF 224, NAME OF CEMEYERY OR CREMATORY 22471	OCATION (City, town, or county) (Share)
	13	Survey 10-18-58 Mt. Lawn	varon Ville Ja.
	23.	23. AUNERAL DIRECTOR'S SIGNATURE) ADDRESS 240. REC'D BY RE	GISTRAR 246. REGISTRAR'S SIGNATURE
	V	Dulliam Beese 11 - Cinna. M. DALE OALE	150

STRICKOL TEO-UT DISI KARCEN WALLEY

FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ited to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four or files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book or Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10850 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	111334								
1. PLACE OF DEATH	10004			2. USUAL RESIDENCE		ed lived. If institu		nce before ad	mission)
Anne Ar			MARYLAND		Same				
b. CITY OR TOWN (I	If outside corporate limits, write)	• RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porate limits, write	RURAL ond	give nearest	lown)
Pasadena			5 Years	X Same					
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in hos	pitot, give street address)	d. STREET ADDRESS	5				RESIDENCE
1 Chest	tnut Street			S	ame				□ NO Ø
3. NAME OF DECEASED (Type or print)	fir		Middle	Lost	4. DATE OF DEATH	10/4/5		Day	Year
5. SEX	William 16. COLOR OR RACE		14.	DATE OF BIRTH		9. AGE Illo years	IF UNDER 1	YEAR IF UN	IDER 24 HRS.
M	W	WIDOWED		6/29/86		1001 to rithday) 7 2 yrs.	-	Days Hours	
100. USUAL OCCUPATI	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (SIG	ote or fareign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
	ng life, even if refired)			Vermont			US	A	
13. FATHER'S NAME	IGIAU			14. MOTHER'S MAIDEN					
0				9					
15. WAS DECEASED EV	VER IN U. S. ARMED FO	RCES2 14	SOCIAL SECUPITY NO. 17 IN	FORMANT		Address			
[Yee, no, or unknown]	(If yes, give war or dates of	service)			T TT		1.22.		
				s. Mildred	L. Hari	rison, (V	rife)		
THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	ATH (Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO		ate pulmonary i	nfection				8 day	DEATH
Conditions, if a									
(a), stating the cause last.)							
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART		ORMED?
PART II. OT	NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in P	Part I or Part II	of item 18.)			
20c. TIME OF INJU	· ·	While		E OF INJURY (Home, for ry, street, office bldg., e	orm. 20f. (City	or lown)	(Cour	חוץ)	(Stote)
21. I certify t	hat I taok charge	of the r	emains described above	e, held an Autar	psy , In	spection 7	Inquiry	/ K), a	nd in my
	resulted fram:	Natural c	auses . Accident		Hamicide		rmined m	-	
ACTUAL SIGNATURE	island d	Lin	whentell	M.D. CHIEF MEDICAL	EXAMINER [DATE	SIGNED
EXAMINER'S NAME (Type)	Gustave H.	Faube:	rt,M.D.	ASSISTANT MED DEPUTY MEDICA		= - /.	/58		
	ON, 226 DATE THERE		22c. NAME OF CEMETERY OR EVERGREEN C			DEN N.		(Ste	ote)
23. FUNERAL DIRECTOR	R'S SIGNATURE	12.	12 St. PAUL.	57. 240. RE	OCT 7 '5		TRAR'S SIGI		

or N. T.		<u>^</u> •	BM. A. M. W.	
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the attending physician and campletely filled in by the neral director,	Then please remave carban papers. Pages I and 2 share be-filed with	
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op ou o	carban p	event within 22 haurs after death.
physici	emave .	2 hours
ttending	please (within Z
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10885 **CERTIFICATE OF DEATH**

10851. Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	AA		MARYL	- 11	a. STATE	NCE (When		ived. If instituti b. COUNTY		nce befo	re admis	sion)
b. CITY OR TOWN (If RURAL ond give ne			c. LENGTH OF STAY IN	V 16		WN (If out		te limits, write F	URAL ond	give nec	rest tow	n)
d. NAME OF HOSPITA OR INSTITUTION		h Sta			d. STREET ADD		Lth St	*				SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir 1fa		Middle Tna	U	lost Imi ek		4. DATE OF DEATH	Moi	oth	Da		Yeor
5. SEX	6. COLOR OR RACE		NEVER MARRIED	B. D.	ATE OF BIRTH	/81.		AGE (In years last birthday)	IF UNDER	Days		19 50 ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of worki HOUSE	ing life, even if refired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	Virgi		r foreign cou	4.4	12. CI	TIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S M	AIDEN NA						
Samue					Lucy	T	Carr	icio				
15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFOI		nily		779	me me			
ICATI	he <u>under-</u> DUE TO (c ER SIGNIFICANT CON)) DITIONS C	dislace	H BUT NOT					VEN IN PAR	RT 1(a) 1	PERFC	AUTOPSY DRMED?
	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC									
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	20d. It While of work	_ Not while_	0e. PLACE (factory,	OF INJURY (Ho street, affice b	me, farm, ldg., etc.)	20f. (City o	r tawn)	(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	od from 7/ 18, and that d	leoth occ	5010			the couses of the couses of the couses of the couses of the couse of t	and on t		e stote	deceased ed above ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	10/17	/58	22c. NAME OF CEMET	ery or cri	EMATORY	2		timore.	or county)		(Stat	e)
23. FUNERAL DIRECTOR'S McCully Fune		1	ADDRESS 30 E. Fort	Ave.	-	ATE OCT	BY REGISTRA		STRAP'S P	CNATU	D .	

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MARYLAND	STATE DEPARTM	ENT OF HEALTH-BALT	TIMORE, 18	4
10886	CERTIFICA	ATE OF DEATH	Reg. Dis	10852
10/	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	d lived. If institution: Residence b. GOUNTY Anne Atu	1/
orporate limits, write))	6 WKS -	c. CITY OR TOWN (If autside corpor	rate limits, write RURAL and gi	ive nearest fown)
in hospitol, give street	address)	1728 Coffer Rd	Harundale	e. IS RESIDE ON A FA YES N
4 GR	ABAUSKS H	ELVICK 4. DATE OF DEATH	Month .	Day Yeo
R OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 2

	1. PLACE OF DEATH 0. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. GOUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 72 F Offer Pd Whatum dale	128 Coffet Rd. Hatundale VES NO DE
	3. NAME OF DECEASED (Type or print) EVA GRABAUSKS	Lost 4. DATE Month Day Year OF DEATH OCT. 7 1955
	5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec 8, 1892 9. AGE (In yeors lost butteday) Wonths Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done done done done done done done done	Lithuania U.S.A.
	13. FATHER'S NAME Jaul Grabaus Kas	Majy (anknown)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unlyburn) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (Anknown)	HES- Ann Miller Glen Barnie Md
	18. CAUSE OF DEATH [Enter only one couse per line or (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse last. (c) CAUSE OF DEATH [Enter only one couse per line or (o). (b). ond (c).] DUE TO DUE TO OUR T	TORY FAILURE INTERVAL BETWEEN ONSET AND DEATH
)		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
		ED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year Not white of work of two o	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
		h accurred at 20 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
1	PHYSICIAN'S NAME (Type) R. W. PRICHARD	Glen BURNIE Mac
	Tourist Octo 10,1958 Colen Have	or CREMATORY 22d. LOCATION (City, town, or county) (Spate)
	23. FUNERAL DIRECTOR'S SIGNATURE GLEN BUTTLE,	Mo DATE 4 158

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY AACO o. STATE MARYLAND Page c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Rorge MENDE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) director 63 ON A FARM? YES NO P NAME OF 4. DATE Middle Manth Day DECEASED 1958 al DEATH (Type or print) 10 2 with the red 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 7. MARRIEDE 5. SEX 6. COLOR OR RACE NEVER MARRIED Min Months Days Haurs WIDOWED [DIVORCED 10.21. YES. 0 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ന during most of working life, even if refired) pup Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unknown) Hulon Bess Drew 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 025 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY OS PERFORMED2 YES T NO 20a. EXTERNAL CAUSE WAS PRIMARY A ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18.) Medical Examira Page 3 should b 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, farm, 20f. (City or fawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) Nat while at wark While at work at wark p. m. 21. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection . Inquiry Chief Accident K death resulted from: Natural causes . Suicide . Homicide , Undetermined cause 70 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER 10.11.58 **EXAMINER'S** DEPUTY MEDICAL EXAMINER cute the NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) 0 10-15-58 Ozark Cemetery REMOVAL Alabama Ozark. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(5) arthur S. Thous William Cook, Inc., 1217 St. Paul Street 5M 9/55

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EXAMINER: This

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

10888 **CERTIFICATE OF DEATH** Reg. Dist. 1.0856

1. PLACE OF DEATH Q. COUNTY Anne Arundel		MARYLA		USUAL RESIDENCE (V	Where decease	b. COUNTY			ission)
b. CITY OR TOWN (If outside corrected and give neorest town) Crownsville	porote limits, write	c. LENGTH OF STAY IN 42y 11m 10c		Baltimore	f outside corp		URAL ond gi	1	wn)
d. NAME OF HOSPITAL (If not in OR INSTITUTION Crownsville State				d. STPEET ADDRESS	Ten d	e nich		ON	ESIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	First Hattie	Middle		Johnson	4. DATE OF DEATH	Mon 1		9	Yeor 1958
S. SEX 6. COLOR Female Neg		RIED NEVER MARRIED ED DIVORCED		1883		9. AGE (In years lost birthdoy) 75 yrs.		YEAR IF UN	
10a. USUAL OCCUPATION (Give kind during most of working life, ever Laundress	d of work done 10b.	KIND OF BUSINESS OR I	NDUSTRY	Virgini		country)		J.S.A.	AT COUNTRY?
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME ?				
15. WAS DECEASED EVER IN U. S. AI	RMED FORCES? 16. or dates of service	SOCIAL SECURITY NO.	17. INFO	RMANT pital Reco	rds	Add	ress		
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAUMMEDIATE 4 20.0] Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART II. OTHER SIGNIFIC	DUE TO DUE TO CAT CAT CAT CAT CAT CAT CAT C	dio-respirat ebrovascular erioscleroti	acc	ident - ri art Diseas	е		EN IN PART	ONSET AN	D DEATH
20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX. 20c. TIME OF INJURY Month, Hour o. man p. m.	Day, Year 20d. II	Not while	e. PLACE	OF INJURY (Home, fa, street, office bldg., e	rm, 20f. (Cit	rt It of item 18.) y or town)	(Co	YES [NO 🔼
21. I certify that I attended to the on10/9	ded the deceas	58, ond that de	eath oc	Crownsvil	P.M. from	te Hospit	ind on the state) al	e dote sta	ted above.
PHYSICIAN'S L. Ben 220. BURIAL, CREMATION, REMOVAL (Specify)	edict, M.	22c. NAME OF CEMETER		Crownsvil	22d. LOCA	TION (City, town, o		(Ste	LO/10/50
Burial 10- 23. FUNERAL DIRECTOR'S SIGNATURE FROMER A.	1. 1	Mt. Aubu	rn S W	Cem 240. REI DATE D	C'D BY REGIS		STRAR'S SIGN		

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10889	CERTIFICATE	OF	DEATH	80

CERTIFICATE OF DEATH

		103.000
)	1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY Bultimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Crowns ville 24. 8mo. 17da.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Baltimore City 3 V 0 1 - 4
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Crownsville State Hospital	d. STREET ADDRESS 1210 Canal Court e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) Laura First Middle	Lost 4. DATE Month Day Year OF DEATH October 4 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH Warch 4. 1885 9. AGE (In years lost birthdoy) 73 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: U.S.A.
	13. FATHER'S NAME William Edwards	14. MOTHER'S MAIDEN NAME Alverta Williams
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [19. no. or unknown] 111 yes, give wor or dates of service) LANKN	Hospital Record Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HUDET RUSSIE CAUSE ON THE PROPERTY OF THE PROPER	Herosclentic Cardiovascular Disass Kusur his sin
	Conditions, if ony, which) (b) Generalized A	renosclerosis 2-21-36
	gove rise to immediate couse (a), stating the under-lying couse lost.	
	3 Chronic Brain Syndrome associated with	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NOTCLE TO SUC YES } \subseteq \text{NO } \(\subseteq \text{YES } \subseteq \text{NO } \subseteq \text{YES } \subseteq \text{YES } \subseteq \text{NO } \subseteq \text{YES } \sim \text{YES } \subseteq \text{YES } \subseteq \text{YES } \subse
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while for work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Feb. 21	, 1956, to Oct. 4 , 1957, that I last saw the deceased occurred at 2:30 P.M. from the couses and on the date stated above
	ACTUAL STORATURE STORATURE STORATURE	ADDRESS (Street, city or town, state) DATE SIGNED M.D. Crown Suite Md.
1	PHYSICIAN'S Stanley C. Sargeant	Crownsville, Md.
	220. BURIAL, CREMATION, REMOVAL (Specify) 1018/58 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

NTARO RO STANISTAN - 12 E CONTRACTOR (CONTRACTOR)

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10890 CERTIFICATE OF DEATH

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eg.	Dist.	No.		
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		S. COUNTY Anne Arangel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b.COUNTY b.COUNTY
Η	J	o. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest Jown)
		RURAL and give nearest town) Crownsville 12. 5m 20d	Baltimore 3401-4
		d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS
		Crownsulle State Hospital	2124 Division Street YES NO 2
		NAME OF First Middle DECEASED Type or print) Mathews	Johnson 4. DATE Month Day Year OF DEATH 10 9 1955
	5. 9	MARKIED 1	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
		Male Negro (WIDOWED DIVORCED []	JONE -1012 66 yrs.
	10a	USUAL OCCUPATION (Give lind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	12	FATHER'S NAME	langland Under
Ħ	13.	Matthews Johnson	14. MOTHER'S MAIDEN NAME
	15.		NFORMANT Address
		// O (If yes, give wor or agree or service)	Hospital Records
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).].	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Infarct ONSET AND DEATH
		420.1 DUE TO 1	
		Conditions, if any, which) Hapentensing	· Cardio vascular Disease undet.
		gove rise to immediate couse (a), stating the under	
		lying couse last. (c)	
	O.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CAT	Prestatic Carcinoma with	bond metastases YES NO 1
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	DICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. Haur o. m. While Nat while	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
	MEDI	p. m. 19 of work of work	
		21. I certify that I attended the deceased fram. 4-19	19 46, to 10-9 1958, that I last saw the deceased
		alive an 10 - 9 1955, and that death	accurred at 1100 A.M. from the causes and an the date stated above.
			ADDRESS (Street, city or town, stote) DATE SIGNED
		SIGNATURE LESS W IN FLIT	M.D. Crowns ville Stale Hosp 10/11/57
		PHYSICIAN'S Leon W. Whith MD	Crownsville State Hospital 10/11/53
	220	BURIAL, CREMATION, 22b. DATE THEREOF	R CREMATORY 22d. LOCATION (City, town, or caunty) (Stote)
		13wnc 10-13-30 My accord	m
	23.	PUNERAL DIRECTOR'S SIGNATURE SADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
+	1	morri 1 4 con 1370 111 cachem o	DATE 19/14/58 Wither S. Maus

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director filed it	1.	LACE OF DEATH COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	ce before admission)
be be	A	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	RUTAL- Rt. 3	
on by the	A	NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION (NAAPOLIS - BOX 272	ANNA POLIS - BOX 272	e. IS RESIDENCE . ON A FARM? YES NO
filled in 24 no	L	IAME OF ECCASED (Speed or print) WILLIAM ROOSEV	OLT JOHNSON DEATH OCT Month	5 Day Year 1958
I je de la	5.	M C WIDOWED DIVORCED	10-10-1902 5 byrthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
ond com on pope	0	USUAL OCCUPATION (Give kind of work done of the during most of working life, even if refired)	ANNE-Arundel Co. 1	4 d.
ysician ysician yve cark urs afte	1	ichard Johnson	Priscella Brow.	N
ding phi ase remo		no or unknown) If yes, give wor or dates of service 220-05-647;	2-MATIE G. Johnson - A	t.3-Md.
the ded		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	· Carcinome	INTERVAL BETWEEN ONSET AND DEATH
res that led by th srmit. The		Conditions, if ony, which gove rise to immediate course (a) totale should be under	han interture	3thm
w requi	NO	lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T (m) 19 WAS AUTOPSY
phys bhas be right by bas	FICATIO			PERFORMED? YES NO Z
ttending tificate s the bu	AL CERTI	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	
tal ar a this cer ar use a rematia	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (C foctory, street, office bldg., etc.)	County) (State)
the haspine ha		21. I certify that I attended the deceased from 9,27 olive on 10-7-, 1858, and that dear	th occurred of 1215 M, from the causes and on the	
See by the see of the		ACTUAL Frank M Shiply	M.D. 12/ Cathelial of	10-17-5
RAL DI RRAL DI I shauld istrar p		PHYSICIAN'S Frank M Shippey	annapola, 2	end
o For Poge 3	B	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY UTIAL Specify 10-18-58 ANNA-DOL	LIS-NOCK ANNAPOLIS"-	-Md (State)
VS A15 (4) 15M 9/55	23,	HALLES - E. HICKS THANNAL	bolls- DATECT 2 2 '58 aring 8. H	

MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10833 CERTIFICATE OF DEATH 10833

12046 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Cl. C.	MARYLAND	2. USUAL RESIDENCE (Who	ere deceosed lived. If institution b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town)	c. LENGTH OF STAY IN 16	1	utside corporate timits, write RUA	RAL and give nearest town)
3	d. NAME OF HOSPITAL (If not in hospital, give street of or institution and Arundel Gen. Hosp		d. STREET ADDRESS	10 4	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Joseph J	o ku Middle	lost	4. DATE Month	Day Year 23 1958
	5. SEX 6. COLOR OR RACE 7. MARRI Male Wilte WIDOWE		B DAJE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
/	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FAYMING	CIND OF BUSINESS OR INDV	PRY 11. PIRTHPLACE (STOTE OF	or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME I	es	14. MOTHER'S MAIDEN N	los land	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. #	WORMANT	K Joues Lot	Live Md
	1B. CAUSE OF DEATH (Enter only one couse per line PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	tumboris		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)	Rheemat	ti heart	distane	
	gove rise to immediate couse (a), stating the under-tying couse fast.	mitted s	Cenari		
3	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW INJURY OCCURRED). (Enter noture of injury in P	ort 1 or Port ff of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work	Not while foc	ACE OF INJURY (Home, form, lory, street, office bldg., etc.)		(County) (Stote)
	21. I certify that I attended the decease alive an Cell 23, 19	ac.	. 19 68, to Coccurred at 1:2:61	oct. 29, 1958, M, from the causes and	that I last saw the deceased d an the date stated above.
	ACTUAL SIGNATURE Dring H.	ribin ,	w.o. Lite	ADDRESS (Street, city or town, sto	DATE SIGNED
	PHYSICIAN'S NAME (Type)				
	220. BURIAL, CREMATION, REMOVAL (Specify) Coct 25/18	Chart Choic	CREMATORY	22d. LOCATION (City, 10wn, or	county) (Stote)
	But Levelity Hel	world in	DATE NO	. a . 150 Cista	RAR'S SIGNATURE

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10892

CERTIFICATE OF DEATH

10860

Rea. Dist. No

1.	o. COUNTY nne Arunde	1		MA	RYLAND	2. USUAL RESIDENC o. STATE Maryland	E (Where decease	b. COUNTY Baltim			lmission)	
	b. CITY OR TOWN (III RURAL ond give ne rownsville	outside corporate limi arest town)	its, write	c. LENGTH OF STA			N (If outside corpo	orote limits, write R			town)	
-	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, g		oddress)	74	Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES [] NO YES [] NO						
3.	NAME OF DECEASED (Type or print)	Fir Su	sie	Mide	lle	lost Jones	4. DATE OF DEATH	Mor 10	ith	Day 20	Yeor 19 58	
-	SEX	6. COLOR OR RACE				8. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER Months		INDER 24 HRS.	
	emale	Negro	WIDOWI		CED []	1888 STRY 11. BIRTHPLACE ((fact - fact)	/O yrs.	110 617			
	during most of work	ing life, even if retired)	Unkno		Mary		country)	12. CII	U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME					
L		Unkhown				-	Unknown					
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. II	NFORMANT		Add	ress			
	No			nknown	Ho	spital Rec	ords					
) D	ecompensa	tory	Heart Disea				ONSET A	L BETWEEN	
NO	couse (o), stoting to lying couse lost.	he under- DUE TO	,C			osclerosis	TERMINAL DISEAS	SE CONDITION GIV	'EN IN PAR	r 1(o) 19. W	AS AUTOPSY	
FICATION											RFORMED?	
CERT	(IF EITHER, NOTIFY I			RIBE HOW INJURY	OCCURRED	O. (Enter noture of injus	ry in Port I or Par	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While at work	NJURY OCCURRED Not while	20e. PLA	ACE OF INJURY (Home, tory, street, office bldg	form, 20f. (City ., etc.)	y or town)	(0	County)	(Stote)	
	actual SIGNATURE	at I attended the	19 5		22/		25P M, from ADDRESS (Sille Sta	n the causes of treet, city or town, ate Hospi	end on the state)	de date si	he decease tated abov DATE SIGNE LO/22/5	
220	TOAME (Type)	J. 22b. DATE THEREO		22c. NAME OF CE	METERY OF			TION (City, town,			Stote)	
23.	FUNERAL DIRECTOR'S	SIGNATURE Warmery	that	ADDRESS 2700 8	dmos		REC'D BY REGIST	0	STRAR'S SIG			

TO BE SHOW TO BE DEPOSITED BY THE SERVICE SERVICES OF THE SERV CERTIFICATE OF BEATH the property and and the first proper and many 1847-281 C. In horse the first beautiful and the first state of A Salid Lange and the Salid State of the Salid Stat

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may be retained to the haspital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after-death.

eral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10834

CERTIFICATE OF DEATH

10861 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ANNE ARIMDET.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) X GAMBRILIS
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ANNE ARUNDEL GENERAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 1 NO
3. NAME OF First Middle DECEASED (Type or print) ROBERT LEE KEY	Lost 4. DATE Month Day Year OF DEATH OCTOBER 11 1958
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Nov. 16. 1899 59 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farmer Ret. Own farm	Washington, D. C. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luther Keys	Virginia Moran
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	NFORMANT Address
	s. Rena E. Keys- Wife- Same as # 2
3 491xB, Onlimmia & Vulmman	NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [(Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from INT 10	occurred at 3.00 M, from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED
PHYSICIAN'S MAURICE F. KLAWANS MD	31 Southgate Ave, Annapolis, Maryland
220. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Oct. 15.1958 FortLincoln ((cod)
Burial Oct. 15, 1958 FortLincoln (Cemetery Prince George County, Maryland
HOPPING TONG Annapolis, Md.	DATE OCT 1 5 158 Orthug S. Kraus

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VS A15 (4) 15M 10/57

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10835

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

10862.

1. PLACE OF DEATH o. COUNTY Anne	Arundel			MARYLAND	- 11	o. STATE Mary	land	nere decease		COUNTY			e admiss	ion)
b. CITY OR TOWN RURAL and give of		its, write	c. LENGT	H OF STAY IN 16	11	c. CITY OR T	OWN (IF o		orate limit				rest town	1)
	TAL (If not in hospital,	give street	oddress)			d. STREET A							e. IS RES	
	Arundel Gen	eral	Haent	+01	1/	1000	Mont	Stree	4					NO T
3. NAME OF		ret	110001	Middle		Losi		4. DATE	6					
(Type or print)	EDNA	. 31						OF DEATH	00	Mon		Day		Yeor
5. SEX	6. COLOR OR RACE	7		MAY	100	ATE OF BIRTH	NG	DEATH	- 00	TOBE	IF UNDER	O WEAR		19 58
Female	White	WIDOW		VER MARRIED [tober		881	9. AGE lost b	(In years irthdoy) yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF B	BUSINESS OR INC					country)		12. CI	TIZEN O	F WHAT	COUNTRY?
House		"	Old	n home		Re	7 + 1 ma	re. M	o mare?	n d		USA		
13. FATHER'S NAME	1210		Ow	II HOME	14	. MOTHER'S	MAIDEN	IAME	SLAT	7 HO		USA		
Too	anh C Llan	2				^		A 1 T						
	seph S. War		SOCIAL SE	CURITY NO. 17	INFOR		eorge	tta L	utz	Add	PARE			
(Yes, no. or unknown)	(If yes, give war or dates of	service]												
no	no				lohe	rt G.	Beall	- 14	13 P	oplar	c Ave	., An	napo	lis Mo
1 1	ATH Enter only one co	ouse per li	ne for (o), ((b). ont (3).]	0			0	1				RVAL BE	
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 Cle	cuti	1 -ul	re	22	any	Cal	u	un	die .		5_62	n
422.1	DUE TO		The		-	2	./	10.55			Car.			
Conditions, if		CI	elle	1.022	te	-	2	01	116)			-21	4
gave rise to couse (a), stating													0	-
lying couse last.		-1												
PART II. OT	HER SIGNIFICANT CON		CONTRIBUTI	ING TO DEATH BE	UT NOT	RELATED TO	THE TERMI	NAL DISEAS	E CONDI	TION GIV	EN IN PAI	RT 1(o) 19	. WAS	AUTOPSY
5 49 x B	mely	La	سب	٠			-3	1.					PERFO	NO 🔼
	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCCUR	RED. (En	nter nature of	injury in P	Port I or Por	t II of iter	m 1B.)				
20c. TIME OF INJUI	RY Month, Doy, Ye		NJURY OCC		PLACE (OF INJURY (H	tome, form,	20f. (City	or town)		(County)		(Stote)
p. m.	19	While at wor	k Or wo	***************************************	raciory,	sireer, office	Diog., etc.	1						
21. I certify the	hat I attended the	deceas	ed fram.			, 1953	, to_	10-5	7-	19.50	that I	last sa	w the	deceased
alive an 10		F19		and that dear	th acc	curred at	9:25	M from	n the co	Olises o	and on t	he dat	a state	d abava
		1	1					ADDRESS (S				ne dui		TE SIGNED
ACTUAL 7	200 1 24	All	1	en		10	, 1	- 14			1 DX	-10	7 >	0 97
SIGNATURE		20	-	-	M.D.				1.66	and.				
PHYSICIAN'S NAME (Type)	rank Shiple	эу	MD			An	napol	is, M	aryla	and	t the spin spin spin step man an			
220. BURIAL, CREMATIC	N. 22b. DATE THEREC)F	22c. NAM	AE OF CEMETERY	OR CRE	EMATORY		22d. LOCA	TION (Cit	y, town, c	or county)		(Stote	e)
REMOVAL (Specify	10-30-	59	Edwa:	rds Chap	el						arvl	ha a		
23. FUNTEAL DIRECTOR	SSICHMURE	2	ADDR				24a. REC'E	D BY REGIST	RAR 2	4b. REGIS	TRAR'S SI	GNATURI		
HOPPING F	UNERAL HOM		ANNAP	OLIS. MA	PVT	A NITO	DATEOC	T 3 1 '5	8	av	Thur S.	Trair	4	
	Grantella Hola	per .	GIVINGI	OTITO WH		STATI	DAIL							

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Reg. Dist. No.

mar \	Neg. Dist. IV.
M	1. PLACE OF DEATH a. COUNTY A. A. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY A. A. MARYLAND D. D. COUNTY A. A. MARYLAND
	CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
63	d. NAME OF HOSPITAL (If not in haspital, give street address) OR IS RESIDENCE ON A FARM? ON A FARM? YES \(\) NO \(\) OR YES \(\) NO \(\) OR YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) HARRY (RQSS KING) DEATH OCTOBER 52 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MACE WIDOWED DIVORCED JAN. 16-1912 9. AGE (In years lost birthdoy) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) FOR CONSTRUCTION (HAZISTIANS OUR 6, VA. 12. CITIZEN OF WHAT COUNT WAS A COUNTRY OF THE COUNT
	13. FATHER'S NAME LUSTA LACHARIAH KINC LONIA VICTORIA PAYNE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 157 KIVEDAZ (If you, give your or date of service) 214-09-7518 MARCARET & KING-6116-542 Gre.
	18. CAUSE OF DEATH [Enter anly one cause per live for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a), stating the under. DUE TO DUE TO DUE TO
0	1ying cause last. (c)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark of wark
	21. I certify that I attended the deceased from 10/5, 19 SP, ta 10/5, 19 SP, that I last saw the deceased alive an 10/5, 19 SP, ta 10/5, ta 10/5, that I last saw the deceased alive an 10/5 SP, ta 10
1	PHYSICIAN'S RICHARD IN PEELER ANNAPOLIS, MO.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) . (State)
	23. FUNERAL DIRECTOR'S SIGNATURE W.W. EHAMBERS Co-RIVERDAGE MD, DATE 240. REC'D BY REGISTRAR 246. REGISTRAR 3. FIGURE 241. REC'D BY REGISTRAR 246. REGISTRAR 3. FIGURE 241. REC'D BY REGISTRAR 246. REGISTRAR 3. FIGURE 242. REC'D BY REGISTRAR 246. REGISTRAR 3. FIGURE 243. FIGURE MD. DATE

requires that the death certificate be executed within 24 hours after death; Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low req

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CERTIFICATE OF DEATH

Reg. Dist. No.

		<u></u>						Kad. Dis	1. 140.	
1. PLACE OF DEATH o. COUNTY					USUAL RESIDEN	CE (Where deceas	ed lived. If institution b. COUNTY		e before adr	nission)
Ann	e Arundel		MARYL	LAND	1	ild.	D. COUNT		e Arun	del
RURAL ond give		ts, write	c. LENGTH OF STAY I	IN 1b			porote limits, write f	URAL ond gi	ive negrest l	own)
Annapol				10	Annapo					
OR INSTITUTION				1	d. STREET ADD	ress con Place			10	RESIDENCE A FARM?
U.S.Naval									1123	
3. NAME OF DECEASED (Type or print)	Fin Haro		Wincent	t	MC KITT	4. DATE OF PRICK DEATE	H Oct	nth	Day	Yeor 19 58
5. SEX			IED NEVER MARRIE	D B. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF U	NDER 24 HRS.
M	Cau	WIDOWE		_	1-21-188	35	73 yrs.	Months	Days Hou	rs Min.
10a. USUAL OCCUPAT	TION (Give kind of work of	ione 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE	(Stote or foreign	country)	12. CITI	ZEN OF WH	AT COUNTRY
U.S. Navy	orking life, even if retired)		U.S. Navy		N.Y.				U.S.	
13. FATHER'S NAME				14	. MOTHER'S MA	IDEN NAME				
Augustu	s MC KITTRIC	CK		-4-8	Cathri	ine TALLI	ING			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO			Add	ress		
Yes, no. or unknown)	(If yes, give wor or dotes of se 1907-1946		2-34-6191A	U.S.N.	aval Ho	spital, A	nnapolis	Mary.	land	
	EATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		e for (o), (b), and (c).] CINOMA COLO		H METAST	TASES			ONSET A	RETWEEN ND DEATH Years
gove rise to code (o), stotin lying couse los	g the under- DUE TO		ONTRIBUTING TO DEA	TH BUT NO	RELATED TO TH	E TERMINAL DISEA	SE CONDITION GIV	/EN IN PART	1(o) 19. W/	AS AUTOPSY
₫									YES	M NO [
	MAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CCURRED. (E	nter noture of in	jury in Port I or Po	ort II of item 18.)			
20c. TIME OF INJI Hour o. m	10	While	Not while	20e. PLACE factory.	OF INJURY (How street, office blo	dg., etc.)	ty or town)	(Co	ounty)	(Stole)
21. I certify	that I attended the	decease	ed from 29 Au	10	19 58	o 4 Oct	1958	that I le	net saw th	e decente
	Oct	., 19.5					om the causes of			
dive on) Yandi	Server, and man	dedili oci	Lurred di Sa		Street, city or town.		e date st	DATE SIGNE
ACTUAL	PD Sa		111 7	7	II of				1 70	
ACTUAL SIGNATURE	L.C. IEE	ues	19 001	M.D.	0.51	vaval nos	sp. Annapo	DL1S,M	d. IC	-4-58
PHYSICIAN'S NAME (Type)	J. I. KNUD-H	IANSE	CDR MC US	SN						
220. BURIAL, CREMAT	ION, 225. DATE THEREO	F	22c. NAME OF CEME	TERY OR CR	EMATORY	22d. LOC	ATION (City, town,	or county)	(5	tote)
REMOVAL (Special Burial	" Oct. 7.1	958	Naval Ac	ademy.	Cemet.	Anns	enolis M	מה לזדתם	3	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			a. REC'D BY REGIS	STRAR 246. REGI	STRAR'S SIGI	NATURE	1
HOPPING FU	NERAL HOME	Ann	apolis. Md.		0.4	TE OCT 8	58 C.	Thung S.	Frank	
	THE PROPERTY OF THE PARTY OF TH	dill.	aborts MO		107	116 00		1 4800	7	

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the haspital or altending physician.

TO FUNERAL DIR.

OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shifther egistrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OR HEALTH-DALTIMORE, 18
CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10893

CERTIFICATE OF DEATH

10865 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Talbot										sion)			
B. CITY OR TOWN RURAL ond give Crownsvill	(If outside corporate lim nearest lawn) . e	its, write	5m 18d	IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lown) Easton								
d. NAME OF HOSP OR INSTITUTION Crownsvill	e State Hos	pive street o	oddress)		d. STREET ADDRESS 633 Dover		e. IS RESIDENCE						
3. NAME OF DECEASED (Type or print)		ames	Middle		Moore	4. DATE OF DEATH	ic	th	90	ĭ	Yeor 58		
5. SEX Male	Negro	WIDOWE			1898		9. AGE (In years lost birthdoy) 60 yrs.	IF UNDER	Days		ER 24 HRS. Min.		
during None	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTR	Virgi		ountry)	12. CI	TIZEN C		COUNTRY		
13. FATHER'S NAME Lash	nley Moore				Mary	N NAME							
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give was or dates of s		SOCIAL SECURITY NO.		ospital Rec	cords	Add	ess					
Conditions, if of gove rise to couse (o), stoting lying couse lost. PART II. OT O 26 X	immediate (Hy DITIONS C	rdiac Coll peftensive ontributing to DEA System Lue	apse Card	T RELATED TO THE TEI	RMINAL DISEASI	E CONDITION GIV	EN IN PAR	ONS	PERFO	DEATH		
20c. TIME OF INJUI Hour o.m. p. m. 21. I certify to	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea 19 hat I attended the	20d. IN While of wark	Not while of work 4/23	20e. PLACE foctory	OF INJURY (Home, for shoot) office bldg.	orm. 20f. (City etc.)	or town)		County)	w the	(Stote)		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	L. Benedi	ele	ond that	death oc	Crownsvi	ADDRESS (SI	n the causes a reet, city or town, ate Hospi ate Hospi	nd an t stote) tal		e state			
220. BURIAL, CREMATIC REMOVAL (Specify	× 10.15'S	F	ÉC-NAME OF CEMET	tery or ci	Show	22d. LOCAT	ION (City, town, o	r county)	/	(State	÷)		
23. FUNERAL DIRECTOR	es signature	6. W	ADDRESS),,	A: 240. RE	CCT 2 0		TRAR'S SIG	NATUR	E			

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M TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained the haspital or attending physician. TO FUNERAL DIRACOR: After this certificate has been signed by the attending physician and completely filled in by the perfect page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registror prior to buriol, cremation, ar remayol, and in ony event within 72 hours ofter death. I

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10894

CERTIFICATE OF DEATH

10866 Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY Ans	ne Arundel		MARYLAN	- 11	usual residence	(Where dec		If institution	on: Residenc	e before	odmissio	on)
b. CITY OR TOWN RURAL ond give	(If outside corporate limit	s, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN	l (If autside c	arporate limi	ts, write R	URAL ond g	ive neare	st town)	V
	Laurel, Md.		7 months		Washin	aton.	D.C.	1	17x-	3		
d. NAME OF HOSP	District french	rain	ind School		d. STREET ADDRES	SS					ON A F	DENCE FARM?
3. NAME OF	Fire		Middle	_ []	Lost	4. DA		44				
DECEASED (Type or print)	Hu	gh	Nelson		Morgan	OF		Mon Oc	tober		19	¢58
5. SEX	6. COLOR OR RACE Negro	7. MARR	NEVER MARRIED	_	April 17.	10/15	9. AGE lost 1	(In years birthdoy) 3 yrs.	Months		UNDER Haurs	Min.
Male			KIND OF BUSINESS OR IN				1	3 /	12. CITI	ZEN OF	WHAT	COUNTRY
during most of working life, even if retired)					Washington, D.C.				USA			
13. FATHER'S NAME					14. MOTHER'S MAID	DEN NAME						
Geo	rge W. Morga	n			Eleanor	Mille	er Mor	gan				
15. WAS DECEASED EV	/ER IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO.	7. INFO	trict Tra	ining	Schoo	Add	ess Id.			
18. CAUSE OF DE	EATH [Enter only ane co	use per li	ne for (o), (b), ond (c).]								AL BET	
PART I. DE	EATH WAS CAUSED BY:	100	bronchial p	nem	monia					ONSET	AND	DEATH
352X	DUE TO		MIOVIII D	110 W	101124						-	
Conditions, if	one which)		spastic qua	dri	plegia - d	cerebr	al pal	SV				
gave rise to	immediate (
couse (o), stating	g the under-		convulsive d	iso	rder							
PART II. O			CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE T	TERMINAL DIS	SEASE COND	ITION GIV	EN IN PART		PERFOR	UTOPSY MED?
20a. ACCIDENT V OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED.	Enter noture of injur	ry in Port 1 o	Port II of ite	em 18.)				
		er 20d II	NJURY OCCURRED 20e	PLACI	OF INJURY (Hame,	form. 20f	(City or town	1)	IC	ounty)		(State)
Hour o. m		While	Not while	factor	y, street, affice bldg.	., etc.)	(211) 01 10111	,	10	ouny		(Sidie)
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alive an <u>OC</u>	t. 28	_, 19	38, and that de	ath a	ccurred at 10					e date		
ACTUAL SIGNATURE	imbr &	Bo	rland	M I	Childre	lus ()	S (Street, city	Las.	stote)	ma	DAT	TE SIGNES
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PHYSICIAN'S NAME (Type)		land	. M.D.		Chil	ldren'	s Cent	er, I	aurel	Md	•	
22a. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREO		22c. NAME OF CEMETER	YORC	REMATORY	22d. L	OCATION (C	ity, town,	or county)		(State)	1
Burial	Nov. 1	1958	Woodlawn (leme			shing					
23. FUNERAL DIRECTO			ADDRESS	100			GISTRAR			11		
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CERTIFICATE OF DEATH

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may be retained by the hospital or attending physician.

TO FUNERAL DIFFERENCE: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld by detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1

VS A15 (4) 15M 9/55

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY A-A-	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	e deceased lived. If institution b. COUNTY	n: Residence before admission) AAA
b. CITY OR TOWN (If outside corporate limits, write c. L. RURAL and give nearest town)	ENGTH OF STAY IN 16	1	side corporate limits, write RU PULIS	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION AUE WEEMS		RI UERUIEW	AU.	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) First	Middle	MORRIS .	DEATH MONTH	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	D	8. DATE OF BIRTH NOV. 9,190	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Chauffeur B	of Business of Indus	Kincheloe,		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Ullmn A. Morris		Lueva Ca		
[Yes, no. or unknown] (If yes, give war or dates of service)		Merle W. Mor	Addre ris- Wife- Sa	
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO DUE TO DUE TO DUE TO Couse (o), stoting the underlying couse lost.		NOT RELATED TO THE TERMINI		MINUTES,
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Port II of item 1B.)	PERFORMED? YES NO
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY While	Y OCCURRED 20e. PL. Not while of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I cortify that I attended the deceased for alive an 1950 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) RICHARD N-Parameters NAME (Type)		10 /	M, fram the causes are portess (Street, city or town, s	that I last saw the deceased and on the date stated above (DATE SIGNED)
	c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, tawn, or West Union, We	(0.0.0)
23. FUNETAL DIRECTOR'S SIGNATURE	polis, Md.		BY REGISTRAR 246. REGIST	RAR'S SIGNATURE

MARYTAND STATE DEPARTMENT OF HEALTH-BALTIN ORE, 13

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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 10839 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 10858

1. 0	LACE OF DEATH	rundel		MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE Maryland b. COUNTY Anne Arunde								
b.	ond give negrest (50m)	nutside corporale limits, veile	RURAL	c. LENGTH OF STAY II	N 16	c. CITY OR		outside cor	porote limits, write	RURAL of	nd give n	neoresi to	own)
d	the state of the s		not in ho	spital, give street address)	M. STREET	DDRESS			-			RESIDENCE
	Anno Az	nundel Gene	ral	Hosnital		1	Oh Cra	ane Hi	ighway				A FARM?
3. 1	IAME OF	Fire		Middle		Losi		4. DATE	Mont	h	Doy		Yeor
	PECEASED Type or print)	ERNES	th.		N.	CHOLES	4	DEATH	Septe	mber	22.		19 58
5. S	EX	The state of the s	-	ED NEVER MARRIED	-				9. AGE (In years	IF UNDE	R TYEAR	IF UND	DER 24 HPS.
	Male	4	WIDOWE	D DIVORCED	כ		L		fost birthday) yrs.	Months	Days	Hours	Min.
10a.	USUAL OCCUPATION	N (Give kind of work	one 10b.	KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign o	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
d	uring most of working					0x	ford,	Mary	land		U.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME	-				- 14
	Sam 1	Nichols					Mary	Franc	es Benne	ett			
		R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17, IN	FORMANT	1 3		Address			192	
CATION	Conditions, if on gove rise to immedi (e), storing the u couse lost.	y, which (b) Oue TO (c)	with	cture Disloc complete tr	ans	ection	of sp	inal (cord			19. WAS PERFO	AUTOPSY ORMED? NO
MEDICAL CERTIFICA	200. EXTERNAL CAU'PRIMARY 20 or CON CAUSE OF DEATH. 20c. TIME OF INJUR'BOUT 0.200.	TRIBUTING []	Ped r 20d.	estrian hit INJURY OCCURRED INJURY OCCURRED Not while ork of work	by e. PLAC factor	auto	Home, form	20f. (City	y or town)	inne .	ounty)		(State)
	21. I certify the			remains described causes,Accid	-	Suicid	-	lamicide		, Inquermined	manne	er 🔲	nd in my
000		75		tt, Jr., M.I		DEPUTY	MEDICAL E	XAMINER [23/5		
1	REMOVAL (Specify)	10 27	58 K	22c-NAME-OF-CEMETE ADDRESS	1 1	choul	04- 050	Bal	Linory	Mo		(Sto	ite)
23.	FUNERAL DIRECTOR"	SIGNATURE		(ADDRESS ,			24a. REC'I	BY REGIST	IKAR 246. REGI	STRAR'S S	IGNATU	RE	
							DATE	-9-0-10			1		
							3 % P	4 4 4 4	-		7 17 12 12 12 12 12	A 19-	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the cross, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral diagram. Page 4 should be arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the figure 10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Elle pages 1 and 2 with the State Bool of Health or its designated agent, prior to buriol, cremotion, or removal, and iny any event within 72 hours ofter death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 19869

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES TINO T

> > (Stote)

DATE SIGNED

Doys

(County)

Months

e. IS RESIDENCE

ON A FARM?

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Year

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				fire artist
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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for it files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stole Bool of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MAKIENID STATE DELAKTMENT OF TEACHT DALIMOKE,	ı
1	0840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

>	10840 MEDICAL EXAMINER	SERTIFICATE OF DEATH	10838 Reg. Dist. No.			
	PLACE OF DEATH O. COUNTY A. A. CO - MARYLAND	a. STATE MD b. COUNTY	on: Residence before admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 ond give readest fours) Annapolis	c. CITY OR TOWN (If outside corporate limits write R	1/			
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address)	BOX 229 ANDONE	e Ro Is RESIDENCE ON A FARM? YES IN NO			
	3. NAME OF David P. Oliver Middle (Type or print)	DAYNS A. DATE Month OF DEATH	Doy Yeor 30 1958			
1	M WIDOWED DIVORCED	10-15-04 5 4 yrs.	Months Days Hours Min.			
-	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	N FLORIDA	12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME ONKNOWN	14. MOTHER'S MAIDEN NAME				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Reference of unknown) (If yes, give war or dates of service)	NFORMANT Address				
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse tast. (c)	lane	INTERVAL BETWEEN ONSET AND DEATH COLLEGE			
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (E		N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 4 owork of work of work of work						
	21. I certify that I took charge of the remains described abo opinion death resulted from Natural causes . Accident [ACTUAL SIGNATURE Limits and		Inquiry, and in my mined manner DATE SIGNED			
1	EXAMINER'S E. Linhardt.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	10.3.58			
	220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	200	COUNTY) AN STORE . ME			
1	HOUSERNILLY AUST	OME DATE NOV 1 0 '58 Can	thun S. Kraus			

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may be retained by the hospital or ottending physician.

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OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stather registrar priar to burial, cremation, ar removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10897

CERTIFICATE OF DEATH

10871

20001			Reg. D	Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Reside b. COUNTY	spice before admission)
b. CITY OR JOWN (If outside corporate limits, wir RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	slovene	4. DATE OF Month DEATH OF	Day Year 4 1958
Male Colored with	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	26 lost birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done during most of warking life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (STOTE OF	or foreign country) 12. C	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME HENLIE	Osborne	14. MOTHER'S MAIDEN N	The errell	- 1 m
IS. WAS DECEASED EVER IN U. S. ARMED/FORCES? (Yes. no. or unknown) (If yes, give wak-ac_dates of service)		harles Ad	monel Surl	demrell
18. CAUSE OF DEATH [Enter only one cause of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c).] Typertensure	Cardia-Va	scular Dispair	INTERVAL BETWEEN ONSET AND DEATH 4 700 - S
Conditions, if any, which gove rise to immediate couse (a), stating the <u>underlying cause last.</u> (b) DUE TO (c)	Interioscleros	is benero	lized	
PART II. OTHER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEATH</u> BL	OT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	IED. (Enter noture of injury in P	ort I or Part II af item 16.)	
Hour a. gr.	Od. INJURY OCCURRED 20e. If work at work	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or tawn)	(County) (Stote)
21. I certify that I attended the decalive on Oct Z ACTUAL SIGNATURE Learned 9		h occurred at 6 40 P	M, fram the causes and on ADDRESS (Street, city or town, state)	last saw the deceased the date stated above DATE SIGNED
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION 22b. DATE THEREOF, REMOVAL (Specify)	18 Brewer 7	OR CREMATORY	22d. LOCATION (City, town, or county)	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	en Himofi	DATE DATE	1 758 24b. REGISTRAR'S S	IGNATURE TANK

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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L	LU	CERTI	IFICATE OF DEATH	Re	g. Dist. Na.
1.	PLACE OF DEATH O. COUNTY A A C C	O , MARY	2. USUAL RESIDENCE (WHO o. STATE	here deceased lived. If institution: Reb. COUNTY	esidence before admission)
	b. CITY OR TOWN (If autside carporate limits RURAL and give pearest town)	ts, write c. LENGTH OF STAY	1	outside corporate limits, write RURAL	ond give nearest tawn)
	d. NAME OF HOSPITAL (If not in haspitol, gi	give street address)	d. STREET ADDRESS	ey AVE	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF PICE ASED (Type or print)	Middle Middle		4.DATE Month OF DEATH	Day Yeor 3 D 19 5 8
S.		MARRIED NEVER MARRI	10 17 161		NDER 1 YEAR IF UNDER 24 HRS. nths Doys Hours Min.
10	O. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	done 10b. KIND OF BUSINESS C	DR INDUSTRY 11. BIRTHPLACE (Stole		2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	/	14. MOTHER'S MAIDEN N		
	WAS DECEASED EVER IN U. S. ARMED FORCES. no or priknown) (If yes, give wor or dates of set		D. 17 INFORMANT	F. Owe	NS AVE- ANN
	18. CAUSE OF DEATH [Enter only one couper of the couper of	Correcció	Tone Card	of Thurling	INTERVAL BETWEEN /
	434 DUE TO				6 mal
	gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)				
ATION	PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN	N PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO N
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY C	OCCURRED. (Enter nature of injury in I	Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.	or 20d. INJURY OCCURRED While Nat while of work of work	20e. PLACE OF INJURY (Home, form factory, street, office bldg., etc.	20f. (City or tawn)	(County) (State)
	21. I certify that I attended the alive an 10-24-5		death accurred at	M, fram the causes and	at I last saw the deceased
	ACTUAL SIGNATURE ATT.	seles		ADDRESS (Street, city or town, state)	
	PHYSICIAN'S A.T.	ALLEY	ann	polis, and	
22	o BURIAL, CREMATION, 22b. DATE THEREOUS REMOVAL (Specify) 11-3-5	SF Fallos	NS ChapeL	Best-Gate	A, A. Co, Md
23	FUNERAL DIRECTOR'S SIGNATURE	HANNA DO	LIS -NEC DATEOV	D BY REGISTRAR 246. REGISTRAR 7 '58 Carthur	S. Kraus

TO HOSPITAL OR VS A15 (4) 15M 9/SS

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LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
343 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No.

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		PLACE OF DEATH O. COUNTY A A COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE AND AND A COUNTY OF OUTPONED COUNTY
	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	CITY OR TOWN (If/outside carporate limits, write RURAL and give nearest town)
0		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 29W. Washington St.	29 N. Washington Street e. 15 RESIDENCE ON A FARM? YES NO
	- 1	NAME OF DECEASED (Type or print) Malle First Mase. Middle Day	Lost 4. DATE Month Doy Yeor OF DEATH 10 22 1958
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 7 - 12 - 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13.	Soloman Chase	14. MOTHER'S MAIDEN NAME MANY
1	IS. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INN. 1	ontha N. Johnson 29N, Washest
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if ony, which) (b) (b) (c) (c)	tel Hy Louve
		gove rise to immediate couse (a), stating the under-lying couse lost.	ela bien well it year
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEFFORMED?
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Haur a. m. 19 While Not while of work of two the control of the control of the control of two two the control of two two the control of two	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) ory, street, office bldg., etc.)
		21. I certify that I attended the deceased from alive on that death of the control of the contro	occurred at 1914 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state).
		ACTUAL SIGNATURE OF THE	110-clay HHHAPOLIS, 18. 10/24/28
		PHYSICIAN'S NAME (Type)	
	1	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify) 10-25-58 Brewest	CREMATORY 22d-NOCATION (City, town, or county) (Stote)
	23. 1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	24g. REC'D BY REGISTRAR 46. REGISTRAR'S SIGNATURE

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	All All And a street	22-2-21-2	
			THE RESERVE

10844 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where societies lived) If institutions, Residence before admission) a. COUNTY b. COUNTY MARYLAND b-CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN of autside corporate limits, write RURAL and give nearest town) RURAL and give pearest town)d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10 YES NO 3. NAME OF First Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 19.4 5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED T DIVORCED [papers. yrs. compl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. GIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) pup carbon ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician mave WAS DECEASED EVER IN U. S. ARMED FORCES? M. SOCIAL SECURITY NO. 1Z. INFORMANT attending 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH a PART I. DEATH WAS CAUSED BY: ullen IMMEDIATE CAUSE (o DUE TO by mit. Conditions, if any, which (b) Bued gave rise to immediate peri DUE TO cause (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. fi. factory, street, office bldg., etc.) Not while of work of work 1922 that I last saw the deceased 21. I certify that I attended the deceased from alive on ,, and that death accurred at M, from the causes and an the date stated above. 0 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prior DIR P PHYSICIAN'S GA NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or edunty) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur S. Thous DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10898 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	7-A-	MARYLA	ND	2. USUAL RESIDENCE OF STATE	CE (Where decease Md_	d lived. If institution b, COUNTY	AA-	pefore admiss	lon)
RURAL ond give ne		write c. LENGTH OF STAY IN	16		N (If outside corpo	orate limits, write RI	URAL ond give	nearest lown	1)
	AL (If not in hospital, give	street oddress)		d. STREET ADDR				e. tS RES	IDENCE
OR INSTITUTION		CENTRAL AUE		1				e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Hou	Middle JARIS		PRIC	4. DATE OF DEATH	Mon	th)		Year 1958
5. SEX	. /	MARRIED NEVER MARRIED	- 17	eb. 11, 38	22	9. AGE (In years last birthday)	Months Do		Min.
100. USUAL OCCUPATIO	N (Give kind of work doing life even if retired)	U.S. GOV.	INDUS'	Maryl		ountry)	12. CITIZEI	USA	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME				
Harry S.	. Price			Susar	n Nutwell	1			
	R IN U. S. ARMED FORCE		17. IN	IFORMANT	27373	Adde	ess		
Yes	WW I	?	Mrs	. Elizabe	th Price	- Wife- s	ame as	# 2	
PART I. DEA / 53.8 Conditions, if or gove rise to in couse (o), stoting lying couse last.	nmediate (DUSTO		OF	COLDA CEAD M		tses.		Cf M	Ld .
200. ACCIDENT WA		TIONS CONTRIBUTING TO DEATH					'EN IN PART 1(PERFO	AUTOPSY PRMED? NO XX
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED While Nat while of work		CE OF INJURY (Home lory, street, office bld		y or town)	(Cour	nty)	(State)
21. I certify the alive an actual signature Physician's NAME (Type)	at lattended the d		eath	AD. /2/	* *	m the causes of treet, city or town,		date state	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	Oct. 7, 19	22c. NAME OF CEMETE Davidsonvil ADDRESS	lle	Methodist 240	REC'D BY REGIS		TO MO		e)
Hopping	ware Thome	Annapolis,	Mar	yland DAI	TE OCT 8	58 an	Thur & A	raus	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10878 Reg. Dist. No.

10899	CERTIFICA	ATE OF DEATH		Reg. Dist. No.)
1. PLACE OF DEATH o. COUNTY Come frund	lel MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institu	ution Residence before admission	n)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OU	tside corporate limits, write	RURAL and give nearest tawn)	rages
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESID ON A F. YES (2)	AKMY
3. NAME OF DECEASED (Type or print) Shilips	Maddle	Prout	4. DATE OF DEATH	onthy Day Yes 2 4 19	10
5. SEX Male 6. COLOR OR RACE 17. MARRIE WIDOWED		B. DATE OF BIRTH	9. AGE (In year lost birthday	Months Days Hours	24 HRS. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	arm Own	200	r foreign country)	12. CITIZEN OF WHAT C	OUNTRY
13. FATHER'S NAME H. Prov	ut	14. MOTHER'S MAIDEN NA	leth or	out	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes. no. or unknown) (If yes. give war or dates of service)	OCIAL SECURITY NO. 17.	ns Philip	hout, fr	Lendalip ?	nd,
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	ula re	nal du	INTERVAL BETY ONSET AND D	VEEN
Conditions, if any, which DUE TO	279-				
gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO Column Column					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION C	GIVEN IN PART I(0) 19. WAS AU PERFORA YES 1	MED?
200. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING 20b. DESCR (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II af item 18.)		
20c. TIME OF INJURY Manth, Doy, Year 20d. INJ Haur a. m. p. m. 19 While at work	_ Not while fo	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the deceased	d from from and that death	, 1950, to 1		that I last saw the do	
ACTUAL SIGNATURE LUMA	if		DDRESS (Street, city or tow		E SIGNER
PHYSICIAN'S NAME (Type)	AND	100000000000000000000000000000000000000			
220. BURIAL CREMETION, 226. DATE THEREOF 10-26-58	22c. NAME OF CEMETERY OF	dshije	22d. LOCATION (City, town	Carries Sie	d
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS Me. Olivin	go Sul 240. REC'D DATE OC	150	GISTRAR'S SIGNATURE Dilhun S. Kraus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10900	CERTIFICATE OF DEATH	R

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH Q. COUNTY ANNE Arund	el			MARYL		. USUAL RESIDENCE (WE STATE Maryland	here deceased	BEQUELY	on: Residence	e before	e admissi	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville 11m 12d							c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
							Baltimore		3	V01-			
d. NAME OF HOSPITAL (If not in hospitof, give street oddress) OR INSTITUTION Crownsville State Hospital							d. street address 713 N. Long	gwood i	Street			ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fir E	TOTAL	VARD)	* RANI	DO LPE	Randall	4. DATE OF DEATH	Moni 10		Doy 8		Yeor 19 58
5.	SEX	6. COLOR OR RACE		_		-	DATE OF BIRTH	13/1/2	9. AGE (In years lost bigthday)	IF UNDER	1 YEAR Days	Hours	R 24 HRS. Min.
	Male	Negro	WIDOWE		DIVORCED		1892		66 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborar			INDUSTR	Y 11. BIRTHPLACE (Stole Virgin		ountry)	12. CITI	TIZEN OF WHAT COUNTRY					
13.	EATHER'S NIAME	Lewis Rando	olph				14. MOTHER'S MAIDEN N		Wargie	Crus	np		
1S. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SE	CURITY NO.	17. INFO	spital Recor	rds	Addr	ess			
CATION	PART I. DEAT 293 X Conditions, if on gove rise to in couse (o), stoting the fying couse lost.	he under-) A	Cach	nexia a, Diar		OT RELATED TO THE TERMI	INAL DISEASI	E CONDITION GIV	EN IN PART	ONSI	PERFO	DEATH
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)				CURRED. (Enter nature of injury in I	Port I or Port	t II of item 18.)				
MEDICA	20c. TIME OF INJURY Hour o. m, p. m.	Month, Day, Yes	While of worl	Not we		Oe. PLACE	OF INJURY (Home, form y, street, office bldg., etc.	20f. (City	or town)	(C	ounty)		(Stole)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of I attended the 0/8/58 Lluur L. Benedic	19 t, M.	m			ccurred at 7:001	ADDRESS (SI	ate Hospi	nd an th stote) tal	ne date	e state	d above TE SIGNED
2	BURIAL CREMATION REMOVAL (Specify) FUNGERAL DIRECTOR'S	Oct. 1351		22c. NAI		//	Constary	Brook	HONICIPE town, o	Co	9	(Soto	a,
			00 B	antl	y Ave	046	DATOCT	D BY REGIST	100		MATURI		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10901

CERTIFICATE OF DEATH

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. PLACE OF DEATH o. COUNTY	Anne Arui	ndel		MARYLAND	2. L	JSUAL RESIDENCE (WI	7	lived. If institut	Y .			
					-	maryla			AilI	ie A		
RURAL and give n	If outside corporate limi earest town)	ls, write	c. LENGTH O	F STAY IN 16	9	. CITY OR TOWN (If	outside corpor	ote limits, write	RURAL ond	give near	rest town)
	icul neigl			у.	X	Linthi	cum 1	eignts	9111			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	4.5	oddress)		1	d. STREET ADDRESS	Sycamo	re Rd.		•		DENCE FARM?
3. NAME OF) L Sycemo:		1.0	147.144	1		1					
DECEASED (Type or print)	Alie		Wood	Middle Ri	de	Lost T°	4. DATE OF DEATH	Mo	ct.	Day 3	,	958
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER	MARRIED	B. DA	TE OF BIRTH		9. AGE (In years		R 1 YEAR		
female	white	WIDOWE	D DI	VORCED [2	.21.1893		lost birthdoy)	Months	Days	Hours	Min.
Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired	one 10b.	KIND OF BUSIN	NESS OR INDU	JSTRY	11. BIRTHPLACE (Stote Baltimo		untry)		TIZEN OF	F WHAT	COUNTRY
3. FATHER'S NAME	ewife				124			a		U	DA	
P. PATRICK S NAME	Duncan Ma	Kin	nan		14.	MOTHER'S MAIDEN I	Al	ice Ma	nson			
. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURI	TY NO. 17.	INFOR	MANT		Add	dress			
Yes, no. or unknown)	(If yes, give war ar dates of s	HVice)			D	aushter:	ancy	Rider	101	Syca	mor	e Rd
18. CAUSE OF DEA	ATH [Enter anly one ca	use per lir	e for (o), (b), o	nd (c).1							RVAL BET	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART 1. DEATH WAS CAUSED BY. Coronary thrombosis							ONSE	ET AND	DEATH			
INVIENTALE CAUSE (O)									3 11	onth		
	Computative and any discourse											
gove rise to immediate												
cause (a), stoting	the under-											
lying cause last.	,) (c											
PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH BU	TNOT	RELATED TO THE TERMI	INAL DISEASE	CONDITION GI	VEN IN PAI		PERFO	NO [
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJ	URY OCCURRE	D. (En	ter noture of injury in	Port I or Part	It of item 18.)				
20c. TIME OF INJUR	RY Month, Day, Yes	r 20d. IN	JURY OCCURR	ED 20e. PI	ACE O	F INJURY (Home, farm	20f. (City	or town)	-	(County)		(Stote)
20c. TIME OF INJUR	19	While	Not while	fo	ctory,	street, office bldg., etc	}		,	County		(3,0,0)
		at worl					1 0					
21. I certify th	nat Lattended the	decease										
alive an	U & Z &	_, 12	, and	that death	000	urred at 2.30	JM, from	the causes	and on t	he date	e state	d abov
	Decoline		.A. 1				ADDRESS (Str	eet, city or town.	state)		DA	TE SIGNE
ACTUAL SIGNATURE	fred le	U-	A Sec.	U	M.D.	3 Crain 1	lighwa	y, alen	Lur	nie,	10.	3.58
PHYSICIAN'S NAME (Type)	Andrew	Szab	o, M. D.									
O. BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c. NAME O	F CEMETERY C	R CRE	MATORY	22d. LOCATI	ON (City, town,	or county)		(Stote	1
REMOVAL (Specify) Burial	10/7/58					em. Pk.			Md.		(SIOIR	'
3. FUNERAL DIRECTOR			ADDRESS	-OHLLUE	9 11	4				Chiatis		
IMM. J.	Vintone	PY	X RUI	15/	19	7 240. REC	D BY REGISTR	AK Z4D. KEG	ISTRAR'S SI	GNATURE	02	1
THE HEALTH AND "	VINITURE VILL	4	MINUN	- IWAI	VA	FI / I DATE /	Call the said to the	. 1.24 / // // // // // // // // // // // //	# 5 4		A	All Street

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of may be retained by the hospital or ottending physician.

TO FUNERAL DIP R: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should the effected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death: Page 4

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N may be retained by the haspital or attending physician. O FUNERAL DIRECA: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be estached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shither registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIRE

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10902 **CERTIFICATE OF DEATH**

Reg. Dist. No

o. COL	of DEATH	i		MARYL		o. STATE Maryland	Vhere deceased	lived. If institution b. COUNTY Balti				sion)
b. CITY	OR TOWN (I	autside corporate lim	timits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL c						URAL on	d give ne	arest tow	n)
Crow	RURAL and give nearest town) Crownsville			6y 5m 13d	Baltimore	Baltimore 3 V 0 / 1/						
d. NA	ME OF HOSPITA	AL (If not in haspital, s	ive street			d. STREET ADDRESS			-		e. IS RES	SIDENCE
		State Hos	pita	1								NO
3. NAME DECEA (Type of	OF SED or print)	Fi Min		Middle		Robinson	4. DATE OF DEATH	Mor 1		D	12	Yeor 19 58
5. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. 0	DATE OF BIRTH		9. AGE (In years			IF UND	ER 24 HRS.
Fe	male	Negro	WIDOW			1892		9. AGE (In years lost birthday) 66 yrs.	Months	Doys	Hours	Min.
10a. USU/ durin Do:	n occupation most of work mestic	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (STOR	le or foreign co and	ountry)	12. (S.A.	T COUNTRY
13. FATHE	r's NAME teve Ro	binson				4. MOTHER'S MAIDEN	NAME					
15. WAS (DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.	Ho	epital Reco	ords	Add	ress			
gov	PART I. DEAT 3 2 X additions, if ar e rise ta in e (a), stoting to g cause last.	nmediate (Ce	Cardiac Col	-		is				SET AND	DEATH
CERTIFICATION OR CO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	rvous Syste			MINAL DISEASE	CONDITION GIV	/EN IN P	ART 1(o)	PERFC	AUTOPSY ORMED?
	ACCIDENT WAS ONTRIBUTING THER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (inter nature of injury in	Part I or Port	II af item 18.)	43			
	IME OF INJURY Hour o. m p. m.	Month, Day, Ye	While		Oe. PLACE factor	OF INJURY IHome, for , street, affice bldg., e	rm, 20f. (City	or fown)	*** *** ***	(County)		(State)
	an 10/	at I attended the 12/	deceas , 19_ elel	ed from $4/29$ 58 , and that a	death ac	curred at 12?]	ADDRESS (Sh	, 19 ⁵⁸ the causes of reet, city or town, tate Hos	and an	the do	ite state	decease ed abav ATE SIGNE
PHYSI	ICIAN'S E (Type)	L. Benedi	et,	f. D.		Crowns	ville S	tate Hos	pita	1		
220. BURI	AL CREMATION OVAL (Specify)	10-22 J	pit,	W. of My , Me	0	REMATORY LOVE	1 1/2	Lung, Md	or county	')	(Stat	le)
23 FUNER	AL DIRECTOR'S		21	ADDRESS //	10	240. REC	CT 2 3 '5	RAR 24b. REGI				
11/1/1	1.16.01	004-151	1 111	11. M. M.	1/1 111	7 . IIII DATE	6 6 3 3	0 1	thus.	8 Hr.	Deat	

	ATE OF DEATH	2421131	
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VS A15 (4) 15M 9/55

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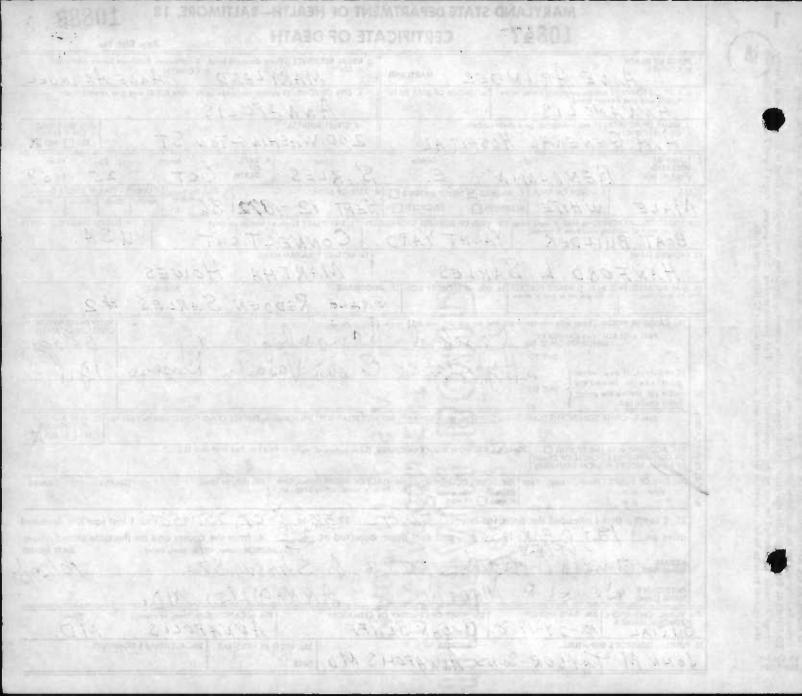
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10847

CERTIFICATE OF DEATH

Rea, Dist. No.

10883

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
ANNE ARUNDEL MARYLAND	MARYLAND B. COUNTY ANNE ARYNDEL
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ANNAPOLIS	10 ANNAPOLIS
d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR/NSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
A.A. GENERAL HOSPITAL	1200 WASHING-TON ST YES NO NO
NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) BENJAMIN E.	SARLES DEATH UCT 25 1958
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
VIALE WHILE WIDOWED DIVORCED	PEPI 12-10/2 86 yrs.
usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
BOAT BUILDER TACHT TAKE	CONNECTICAL U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MANTOKO L. DARLES	MARTHA HOWES
(es. no. or unknown) {If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	NINFORMANT Address
	GRACE KEDDEN SARLES #2
1B. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Munghhage 1 6 does
443 X DUE TO 1/10 X	D I VI I I
Conditions, if any, which gove rise to immediate (b)	Carchy Jascula Nylose 191
codse (a), stoting the under-	V
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO X
OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of item 18.)
Hour a.m. While Not while	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
p. m. 19 of work of wark	
21. I certify that I attended the deceased from Collins	9, 19 38, to CC 25, 1950, that I last saw the deceased
olive on 10 PM, 19.50, and that dec	oth occurred at
9995	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE CLASS (A CRACTE)	M.D. 6 SHAW ST 10/20
PHYSICIAN'S AARTA D MARY IS	A rough so the
NAME (TYPE) WANTES MI /VIARTIM	- MARDUS) MA
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
DURIAL 10-28-1100 CEDAR DI	LUFF ANNAPOLIS MD.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE
JOHN M. TAYLOR. SONS ANNAPO	45 MD. DATE



U		D	W.T	
AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page		1. DI OR: After this certificate has been signed by the attending physician and completely filled in by a neral director	ould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tiled wit	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10903

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACI	OF DEATH UNITY	ARUNDEL		MARYLA	11 /	. STATE	DENCE (WH		lived. If institu b. COUNT		ce before ad	
	Y OR TOWN (I	If outside carporate limits, earest town)	write c. LEN	NGTH OF STAY IN	N 16 X		TOWN (IF		ote limits, write	- //		
OR		TAL (If not in hospital, given BRA))	1	d. STREET A		, Di	ACK		0	RESIDENCE N A FARM?
3. NAMI	E OF	Leah	Rehec		SCHOEN	LY los	st	4. DATE OF DEATH	Me Oc	onth T	Day	Yeor 1958
5. SEX	f	6. COLOR OR RACE	MARRIED D	NEVER MARRIED DIVORCED	B. DA	TE OF BIRY	H / 7 / C	9	9. AGE (In year last birthday) 69 yrs	s IF UNDER	1 YEAR IF U	NDER 24 HRS.
10o. USL duri	HOUSE	ON (Give kind of work do king life, even if retired)	ne 10b. KIND O		_	11. BIRTHPI	LACE (Stole	ar foreign co			USA	HAT COUNTRY?
FRA	ER'S NAME	J. KAUTI	ERMAI	N	14	MOTHER'S	MAIDEN N	YAME	ETRE	-1		
(Yes, no. o		R IN U. S. ARMED FORCE (If yes, give war or dates of serv		V8-4919	17. INFOR	MANT .	SCH	DENL	y -Hu	dress 3892	0 7	MEAS
18.		ATH [Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (1 . /	failu	re		1				BETWEEN ND DEATH
90	enditions, if o verise to i use (o), stoting ing couse lost.	mmediate (Hyp	pertens Diahe	sive etis i		,	Vesici	ular d	eseas	7	year
CATION	PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEAT	TH BUT NOT	RELATED TO	O THE TERMI	INAL DISEASE	CONDITION G	IVEN IN PART	PE	AS AUTOPSY REORMED?
200. OR (IF E	ACCIDENT WA	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE H	HOW INJURY OC	CURRED. (En	ter noture o	of injury in I	Port I or Part	II of item 18.)			
WEDICAL	TIME OF INJUR Hour o.m. p. m.	RY Month, Doy, Year	While N	OCCURRED 2 Not while	PLACE (foctory,	OF INJURY (street, office	(Home, form e bldg., etc	20f. (City	or town)	(0	County)	(State)
ACT SIGN	UAL HATURE	Sylvice	leceased from 1955		,	_	3:00		the causes reet, city or town	and an th		tated abave DATE SIGNED
220. BUR REA	ME (Type) MAL, CREMATIC MOVAL (Specify) PRIAL	ON, 22b. PATE THEREOF	58 /4	NAME OF CEMET	TERY OR CRE	MATORY	Ten y	22d. LOCAT	ION (City, town		d	State)
		S SIGNATURE FURTHER	ing A	PORESS	45, 49	1.	246. REG	P BY PEGIST	RAR 246. REC	BISTRAR'S SIG	SNATURE, Trails	

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		A CONTRACTOR OF THE STATE OF S
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10904

CERTIFICATE OF DEATH

10885 Reg. Dist. No.

48		
	1. PLACE OF DEATH O. COUNTY A. A. MARYLAND	2. USUAL RESIDENCE (Where deceased fixed. If institution; Residence before admission) o. STATE Md.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
H	dessup	X Jessup
I	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
ı		
I	3. NAME OF First Middle DECEASED (Type or print) HENRY	Lost 4. DATE Month Day Yeor OF DEATH Oct 6. 19 58
l	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	male white WIDOWED DIVORCED	Nov. 1. 1888 lost birthdoy) Months Doys Hours Min.
I	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
ı	Farmer (rtd)	Austria U. S. A.
١	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I	Johann Sellner	Beatrix ?
-		INFORMANT Address
	(Tes, no or unknown) If yes, give wer or dates of service)	Mr. Francis Sellner - 8110 Edgewater Rd.
ı		INTERVAL BETWEEN
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	ONSEL AND DEATH
1	IMMEDIATE CAUSE (0)	oronary celusion is our
ı	4-00 DUE TO CANALLY	yo disting 6 mg
ı	Conditions, if ony, which) (b)	had arterately 19
ı	gove rise to immediate Que TO	1111
ı	lying couse lost.	rial Hellerlander 5 5/2
ı		T NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ı		PERFORMED?
	D ACCIDENT MAS IN DECIMAL OF LOW	YES NO
	OR CONTRIBUTING CAUSE OF DEATH!	ED. (Enter noture of injury in Port I or Part II of item 18.)
١	3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL	IACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While of work at work at work	octory, street, affice bldg., etc.)
ı	21. I certify that I attended the deceased from	1953 to 1964 that I last saw the deceased
1	alive on Color 15 1928 and that death	n occurred at 6 M. M. fram the causes and on the date stated above.
ı	all A A	ADDRESS (Street, city or town, stote) DATE SIGNED
I	ACTUAL ON MIN MANAGER AND	a -1 armi et inter
١	SIGNATURE AND ALLER STREET	M.D. 1617/116000 21 19/1
١	PHYSICIAN'S P P Produce 1 12 1 2 1	11 1 -7 No. 1"
	NAME (Type) 13 17 17 17 17 11 15 (591)	Thereas 21 mal
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial 10/10/58 St. Lawrence	
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Jun. J. Vichuer & Sour- 12	allo 7 DATE OCT 9 58 Cirilian S. Praus
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10886 Reg. Dist. No.

	108	348	CERTIFIC	CAT	E OF DEAT	Ή		Reg. Di		7 ()	
1. PLACE OF DEATH o. COUNTY A	INE ARUNDEI	,	MARYLAN		o. STATE Md.	Vhere decease	b. COUNTY	on: Residen			
b. CITY OR TOWN (IF RURAL and give ne ANNA POL.	outside carporate limi grest tawn) S	ts, write	3 1/2 yrs	16	Annapolis	outside carp	orate limits, write R	URAL ond g	give neo	rest fowr	1)
OR INSTITUTION	AL (If not in hospital, a POLIS, MD.	1	address)	1	d. STREET ADDRESS 321 Fig C	t.			•		IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Thoma		Middle H enry	SHI	ERLOCK	4. DATE OF DEATH	OCT	th	12		Year 19 58
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED] B. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
M	Cau	WIDOWE	D DIVORCED] [3-21-90		68 yrs.	Months	Doys	Hours	Min.
Oa. USUAL OCCUPATIO during mast of wark WOOL SORT	N (Give kind of working life, even if retired	done 10b.	kind of Business or in	NDUSTRY	11. BIRTHPLACE (State	te ar fareign (country)	12. CIT	IZEN O	F WHAT	COUNTRY
3. FATHER'S NAME		1. 4		14	4. MOTHER'S MAIDEN	NAME			-	•	
John (n)	SHERLOCK				Ester C	ROOKS					
S. WAS DECEASED EVER			SOCIAL SECURITY NO. 1	7. INFO			Add	ress		150	now.
(Yes, no, or unknown)	If yes, give war or dates of s	ervice! 01	3-05-4021	HS	WH ANNAPOL	TS MAI	RVT.AND				
	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Ty, which (b)	HEA ART	e for (o), (b), and (c).] ART FAILURE TERIOSCLEROT	IC H	EART DISEA	SE			INTE	RVAL BE	DEATH
PART II. OTH			ONTRIBUTING TO DEATH	BUT NO	FRELATED TO THE TER	MINAL DISEA:	SE CONDITION GIV	'EN IN PAR	T 1(o) 19	PERFO	RMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR' Hour o. m. p. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) (Manth, Day, Ye		Not while	. PLACE	of INJURY (Home, fa, street, affice bldg., e	rm, 20f. (Cit		(0	County)		(State)
	at I attended the Oct (LLH M. HAYMES	12 ay	ed from 10 0ct 58 and that de MC USNR	ath oc	, 19 58, to curred at 5:2	ADDRESS (S	m the causes of treet, city or town,	and an tl state)	he dat	e state	decease ed abave ATE SIGNE -12-58
220. BURIAL, CREMATION REMOVAL (Specify) emoval—Buri	al 10-13-5		22c. NAME OF CEMETER Cedar Grov	-	metery	Quinc	TION (City, lown, ory, Norfoll	Co.,			•
HOPPING TU	1-11-1-1	Mar	ADDRESS Mar	ylan	0	C'D BY REGIS	0	STRAR'S SIC		E	

TO FUNERAL DIR TO HOSPITAL OR VS A1S (4) 1SM 9/SS

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CALL SON LOSS SANTAL SANTA PARTIES AND VINE WAS AND WARD WARD

2411 N. Charles Street, Baltimore

10887

10905

CERTIFICATE OF DEATH

Reg. Dist. No.....

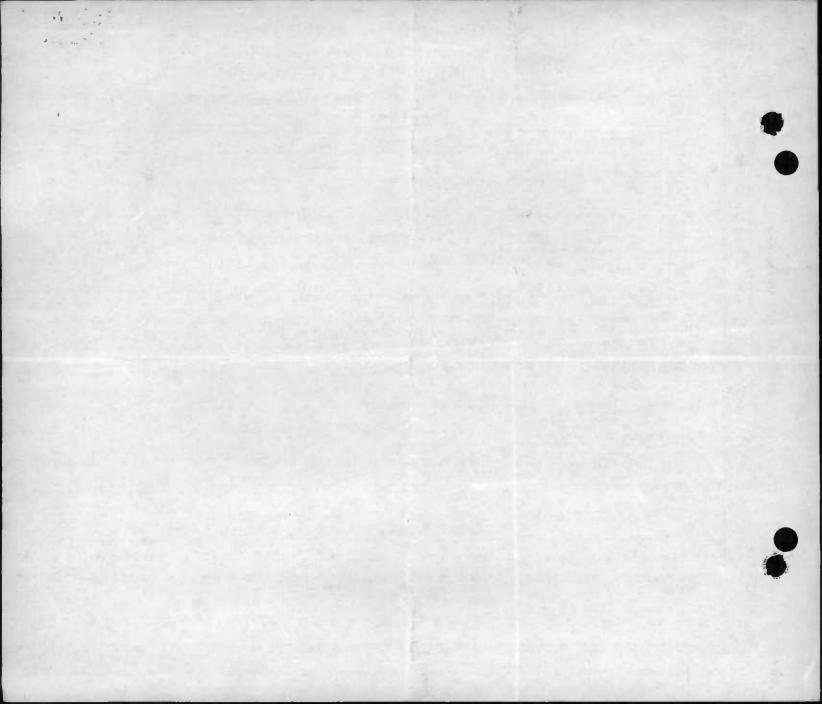
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	ARYLAND . A.A. Co.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY.	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN (in this place)	X TOWN EdgeWAter
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS HNNE HKUNDEL CO. 17014E	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) MARE	STONE DEATH 10 24 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs
widowed, Otvorced,	Months. Days Hours Min.
MAIE White (Specify) Jingle	1 (lug. /3, /8/3) 0 3 yrs.!
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working the, even it retired)	Maryland Country U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11-1-10	11. 11.
UNINOUN	UNKNOWN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no. or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
service) (1) year, give was of dates of	
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
() ()	· /harrataring · Que / d.
Immediate cause (a)	My IIV WYV PW I MANY
11001	
4 40. Antecedent cause(s)	15 1 1/2 1/2 1/2
Diseases or conditions, if any, (b)	he come ous months of
giving rise to the above cause	The state of the s
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	A A
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCURY
INJURY m. Work At work	
4/1	1h- Rotall IV
22. I hereby certify that I attended the deceased from.	19 to 19 19 19 19 that I last saw the deceased
A 616 15	^ 0
alive on	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 -01 mar 1 1 / / har (har a mail)	21 (m) 10 12/1/19 (n) 10/21/19
I VIVIUS I MINOR WAY) JONNI 900 10105/58
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	ome FolgeWATER Mel
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
	24. FUNERAL DIRECTOR ADDRESS
PORT 2 8 58 Inhun S. Kraus	A Hairlesly + Son Galesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15



15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Day

Days

(County)

e. IS RESIDENCE

ON A FARM? YES NO TO

Yeor

19.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

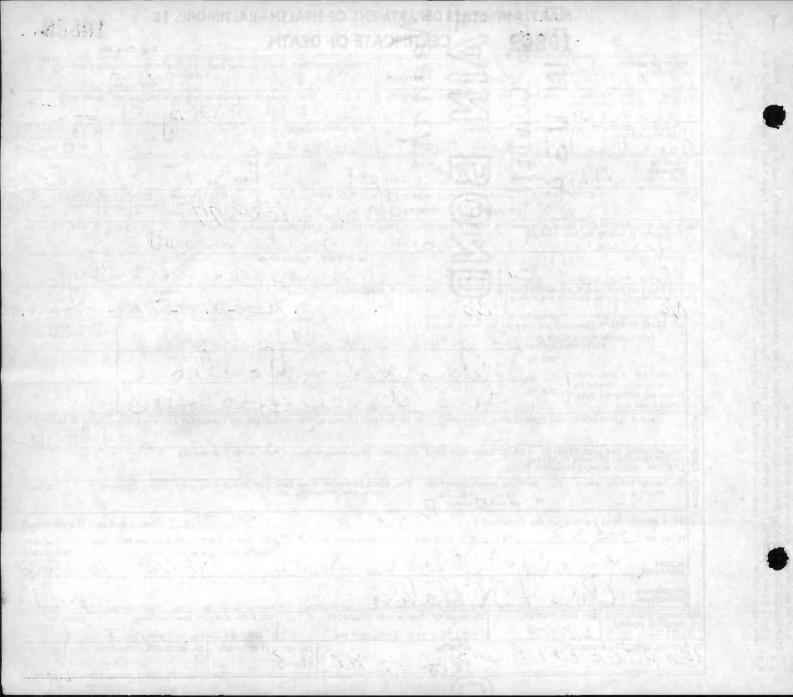
> > (Stote)

DATE SIGNED

(Stote)

J2. CITIZEN OF WHAT COUNTRY?

Rea. Dist. No.



1	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6 R c	B		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10889
d t	-	-	10850 Reg. Dist. No.
shou	(M)	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY ARYLAND MARYLAND O. STATE O. COUNTY D. COUNTY
, o 10	/ /	1	CLYY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 C. CITY ORYOWN (If outside corporate limits, write RURAL and give nearest town)
Pag			FUNAPOLIS 10 HUNAPOLIS
ector s.	00	· ·	1. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress) 1. STREET ADDRESS 1. STREET A
file dir		2	
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Sive Ti			PS 1935-1955 Comes J. Allewin Opmaphin M
P. W		1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INVERVAL BETWEEN ONSET AND GEATH
Per F			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
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er's er's		FIFE	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
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the dico		MED	Hour a. m. While of work at work toctory, street, office bldg., etc.)
Me Me			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and find that
wri hief			death resulted from Notural causes . Accident . Suicide . Homicide . Undetermined cause .
			DATE SIGNED
HIFT OF N	2		SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
orworded FUNERAL	loval.		EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER LO 15. 18
FUND!	Te Te	220	BURIAL CREMATION, 1225, DATE THEREOF 1220 NAME OF CEMETERY OR CREMATORY 22d OGATION (City, town, or county) (SIAIR)
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		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REC'D BY REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY Page O. STATE please files. Health, b. COUNTY MARYLAND C. LENGTH OF STAY IN 16 b. LITY OR TOWN (If outside CICITY OR TOWN IN outside-corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 00 delay is n te funeral retained f State death. 3. NAME OF Middle 4. DATE First Month Lost DECEASED (Type or print) DEATH 9. AGE |In years 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR may Months WIDOWED DIVORCED and 50 BIRTHPLACE (Stole or foreign country) USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tile Eli Ye 15. WAS DECEASED EVER INLU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address [If fee give war or dates of service) (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one couse per line fox (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY esed 0 edical 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Fart II of item 18.) 20c. TIME OF INJURY Month, Day, Year 200 INJURY OCCURRED 20e. BLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., etc.) at work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection V Inquiry ded coros Accident P. apinion death resulted from: Natural causes . Suicide | Homicide | , Undetermined manner designated ACTUAL CHIEF MEDICAL EXAMINER ie ce SIGNATURE. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** should FUNER DEPUTY MEDICAL EXAMINER TV NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) MOV 0

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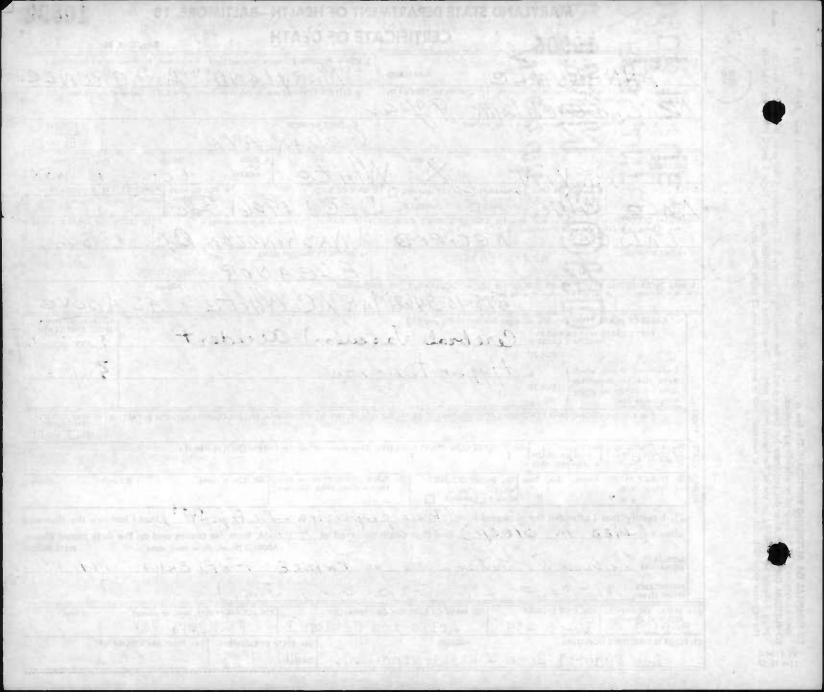
10852 CERTIFICATE OF DEATH

Reg. Dist. No.

200								
	PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED						. 700	
	COUNTY H. H.	MARYLAND	STATE Maryland COUNTY Cit			y		
		LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL a	nd give neare:	st town)		
	OR and give seerest town) TOWN	(In this place)	OR TOWN B	altimore		.31	101.	1.fa
	HOSPITAL OR		STREET	(If ruraf giv	/a location)			-
3	INSTITUTION OR 1	4. 25	ADDRESS		1-11			
	101115 4000 11 6016	Mome		. Wolfe St				
	3. NAME OF (First) (Midd	dle) ; Weif	enbach	4. DATE (Mon	ith)	(Day)	(Yaa	(1)
7	(Type or Print) //ANCES	11/18/5	AIDIAIOLITEL	DEATH (3T	23	19	58
	SEX Le 6. COVOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE	8. DATE C	F BIRTH 9	. AGE last birthday	IF UNDER 1		IF UNDER	
8	(Specify) Sing	le		yrs.	Months	Days	Hours	Min.
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	retired) ? ?		Unknown 1 14. MOTHER'S MAIDEN N	A M P		•		
							,	
	(First name unknown)Got	ttlieb	Bernadine	(Last nam	e unki	nown)	
		CIAL SECURITY NO.	17. INFORMANT & A	DDRESS				
	(Yas, no, or unk.) (Il Yas, give war or dates of service)							
	18. MEDICAL CERTIFICATION						VAL BETW	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				10, 19	ONSE	T AND DI	ATH
н	23/X IMMEDIATE CAUSE (A) CEX	CEREBERL AF MORE HAGE			16 Mills -163			
П	ANTECEDENT CAUSE(S) DUE TO	OTHER OFF	11125/11/11/20	71100 200		j	100	P
8	DISEASES OR CONDITIONS, IF ANY, (B)	11/2/16/2	6172-1417X	DISLASE		0	14/71	()
8	GIVING RISE TO THE ABOVE CAUSE DUE TO							
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
п	TO THE DEATH BUT NOT RELATED TO THE							
	DISEASE OR CONDITION CAUSING DEATH. 198, DATE OF OPERATION 196, MAJOR FINDINGS OF C	ODED A TION			-	20	AUTOPS	V 3
Ø.	178. DATE OF OFERATION 17B. MAJOR FINDINGS OF C	SPEKATION				YES [_
~	21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, far	rm, factory, 1 2	Ic. WHERE DID INJURY OCCUR	? (City or town)	(County	L	(State)	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	bldg., etc.)						
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. MJU		21f. HOW DID INJURY OCCUR	?				
	M, at work	Not while at work						
	22. I hereby certify that I attended the deceased	15-5-2	7 1050 1 94/	7 7 10 5 7	that I la	at call	the dee	
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4	alive on							
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1-55	23. BURIAL, CREMATION, DATE THEREOF N	M.D.	CDEMATORY 1	LOCATION (City Man	or country)		1 1/2	fate)
REMOVAL (SPECIFY) 10.25-58 1 CD 14d. Bello. Md						istel		
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S <	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	11	25. FUNERAL DIRECTOR'S S	IGNATURE	(Al	DRESS	-	17
	DATE OCT 3 0 '58		Julian	Defre	· Il-U	1937	4.77	24.
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21 9	Item 13. Film G234, 10/7/58 fcy Item 9. Film G234, 10/9/58
(1)	10906 Items CERTIFICATE OF DEATH 58 et fcy Reg. Dist. No.
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a constant	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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d camp n paper death.	10a/ USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WAS LANDED AND TO AN OF THE PROPERTY OF WHAT COUNTRY?
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g physician remave cor 2 hours off	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) If yes, give wor or dates of service) 78. 18-5462MARV C. White AS ABOVE
he death ce attending en please re at within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Vascular Decident The part is a constant of the period of the p
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the hospital R: After the solution of the solu	21. I certify that I attended the deceased from Prev. phy. 50 cinto - Diz. Page - 10 , that I last saw the deceased alive of DiED in Step, and that death occurred at 4 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED
be be in	SIGNATURE MERLE L. Gibson & MD. PRINCE FREDERICK Md. 10-1
retaine RAL DI shauld stror pi	PHYSICIAN'S MERLE L. GIBSON, JR.)
moy be O FUNEI poge 3 the regi	220. Burial Cremation, Removal (Specify) Burial 22b. Date Thereof Arlington National 22d. Location (City, town, or county) Ft Myer, Va.
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
15M 10/57	Lee Funeral Home - Washington D.C. DATOCT 3'58 Cithun S. Kraus



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1. PLACE OF D

40059	ATE OF DEATH Reg. Dist. N
EATH MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE b. COUNTY
TOWN (If outside corporote limits, write diveneares) flown)	c. CITY OF TOWN Iff outside corporate limits, write RURAL and give n
FHOSPITAL (15 mg, in hospital, give street oddress)	1815 Bay Redge Que
11) Peorge H. N	Villiams 4. DATE Month OF DEATH 10 - 2
e Melite WIDOWED DIVORCED	B. DATE OF BIRTH 4-4-1908 9. AGE (In years IF UNDER 1 YEA Months Doys
CUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU to of working life every if retired)	STRY 11. BIRTHELACE (Stote or foreign country) 12. CITIZEN
ugust Williams	Ida Sewell

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	c. CIPY OR TOWN (If outside corporate limits, write RYRAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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(d. NAME OF HOSPITAL (ILING) in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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	NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
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13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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	WAS DECEASED EVEX IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
,	A thirty of the second of section	Margaret M. Williams #.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mag ment onset and Death
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	Conditions, if ony, which) (b) (MINISCHE)	Mrs Cardin Mascular History 2
	gove rise to immediate	the contract of the contract o
	couse (o), stating the under-	
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CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO } NO \(\text{DE} \)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10854

CERTIFICATE OF DEATH

- 1	Reg. Dist. No.						
	a. COUNTY a. COUNTY A. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. COUNTY O.						
	BURAL and give nearest town) C. LENGTH OF STAY IN 1b OF STAY IN 1b OF STAY IN 1b OF STAY IN 1b						
3	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION O. IS RESIDENCE ON A FARM? YES NO A						
	3. NAME OF DECEASED (Type or print) I Middle W MMM Day Year OF DEATH 10 21 1958						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 0-3-19/1 9. AGE (In years lost birthday) Months Days Haurs Min.						
	during most of working life, even if retired) Magnetic and the supplied of th						
	13. FATHER'S NAME KINK NYMN LOWETTE RObinson						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ya), no. or unapper) If yes, give wor or dotes of service 214-12-1434 Mary NG 211 17 Callege Auc.						
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cauche Cauche Cauche Company ONSET AND DEATH ONSET AND DEATH						
	Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO (b) DUE TO (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while of work of w						
	21. I certify that I attended the deceased fram						
1	PHYSICIAN'S RICHARD NPECER Gruppli, UL						
	120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Specify) 10-25-1958 Rewertfull (Specify) 10-25-1958 Rewertfull (Specify)						
	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND DATE / 240- REGISTRARY SIGNATURE & PROMOTER SIGNATURE & PROMOTER &						

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may be retained TO FUNERAL DIRE TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10855

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH OR COUNTY PUBLISHED RANKLAND PUBLISHED P					
by RIY OR TOWN (If coulde corporate limits, write RIPAL and give necretal town) RIPAL on the property of the property of the RIPAL on THE RIPAL O	o. COUNTY				
D. NAME OF DOSTRAL Front in boujoils, give sired address	by OTY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b	CACITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
ON BISHTHER OR SIGNATION CONTRIBUTIONS CONTR	HUNAPOLIS	HUUAPOLIS 16			
3. NAME OF DECEASED (Type or print) S. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH DEATH	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION				
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24 FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		R CREMATORY 20 LOCATION (City, town, or county) (Style)			
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